

# UNIVERSITY OF SOUTH CAROLINA INCIDENT / ACCIDENT REPORT FORM

1. Employee Information				
Employee Name	Department	Job Title	Supervisor	
2. Related Specific Information				
Type (Check box)	Date	Time	Location / Work Area	Shift
<input type="checkbox"/> Near Miss				
<input type="checkbox"/> First Aid				
<input type="checkbox"/> Medical Treatment				
<input type="checkbox"/> Fatality				
<input type="checkbox"/> Other				
3. Visible Cause and Employee Comments – What caused the incident / accident to occur?				
4. Root Cause Analysis (check all that apply)				
Unsafe Acts		Unsafe Conditions		System Deficiency(ies)
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Safety policy violation	<input type="checkbox"/> Poor workstation design or layout	<input type="checkbox"/> Congested work area	<input type="checkbox"/> Lack of written procedures
<input type="checkbox"/> Improper PPE / PPE not used	<input type="checkbox"/> Operating without permit	<input type="checkbox"/> Hazardous substances	<input type="checkbox"/> Fire or explosion hazard	<input type="checkbox"/> Safety policies not enforced
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Operating at improper speeds	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Improper material storage	<input type="checkbox"/> Hazards not identified
<input type="checkbox"/> By-passing safety devices	<input type="checkbox"/> Guards not used	<input type="checkbox"/> Improper tool or equipment	<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> PPE unavailable
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Insufficient knowledge of job	<input type="checkbox"/> Slippery conditions	<input type="checkbox"/> Inadequate worker training
<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Servicing machinery in motion	<input type="checkbox"/> Inadequate guarding of hazards	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Insufficient supervisor training
<input type="checkbox"/> Unnecessary haste	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Defective tools/equipment	<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Improper maintenance
<input type="checkbox"/> Unsafe act of others	<input type="checkbox"/> Drug or alcohol use	<input type="checkbox"/> Insufficient lighting	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Unnecessary haste	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Inadequate job planning
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Unsafe act of others	<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Inadequate hiring practices
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Inadequate workplace inspection
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Inadequate equipment
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Unsafe design or construction
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Unrealistic scheduling
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Poor process design
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Other (specify):
5. Analysis – Why did this occur? (Answer the question of why five times)				
Why –				
Why –				
Why –				
Why -				
Why -				
6. Required Corrective / Preventative Actions				
Action Item Detail	Responsible Party	Target Date		
1.				
2.				
3.				
4.				
7. Required Concurrences				
Title	Print Name	Signature	Date	
Investigator / Supervisor				
Department Manager				
Department Safety Manager				

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