

INITIAL MISHAP/INCIDENT INVESTIGATION FORM

1. TYPE OF MISHAP/INCIDENT: <input type="checkbox"/> Personnel Injury <input type="checkbox"/> Property Damage <input type="checkbox"/> Other		
2. DATE OF MISHAP/INCIDENT: _____		APPROXIMATE TIME MISHAP/ INCIDENT OCCURRED: _____
3. SPECIFIC LOCATION (Building/Area):	4. ORGANIZATION:	5. SUPERVISOR (If known):
6. DRUG TEST EVALUATION: a. Did the mishap/incident result in a fatality or a serious injury requiring immediate hospitalization or substantial damage to property estimated to exceed \$10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is evidence discovered or is there reason to believe that the employee's actions (or failure to perform a required action) at or about the time of the mishap/incident could have contributed to or caused the mishap/incident and cannot be completely discounted as a contributing factor to the mishap/incident? <input type="checkbox"/> Yes <input type="checkbox"/> No c. If both a and b are "yes" then a post-mishap/incident drug test is required. Has the supervisor directly responsible for the operation or area been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Refer to MWI 8621.1 for additional information detailing this process.		
7. DESCRIPTION OF MISHAP/INCIDENT: (Describe <u>who</u> , <u>what</u> , <u>when</u> , <u>where</u> , and <u>why</u>): (Attach additional sheets if necessary) Are sheets attached? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of attachments: _____		
8. ACTIONS TAKEN TO SECURE THE MISHAP/INCIDENT SCENE AND IMPOUND EVIDENCE, AS NECESSARY: (Provide location where impounded evidence will be maintained until released to the Investigating Authority):		
9. SEVERITY OF INJURY: (Death, likelihood of hospitalization, or days away from work, or OSHA reportable, first aid, close call. List body parts that were injured.) <input type="checkbox"/> NONE		
10. ESTIMATED PROPERTY DAMAGE: (<\$1k, or >\$1k and <\$25K, or >\$25K and < \$250K, or > \$250K and <\$1M, or close call) (No property damage check <input type="checkbox"/> NONE)		
11. ENVIRONMENTAL CONDITIONS: (Describe any conditions that might have contributed to this mishap/incident – i.e., glare, dark, windy, rain, ice, snow.) (If none apply check <input type="checkbox"/> NONE)		

12. UNSAFE ACTS OR UNSAFE CONDITIONS: (Check all conditions listed below that might have contributed to this mishap/ incident or provide a description.) (Check if apply NONE OTHER) (Provide brief description if "other" applies.)

a. UNSAFE ACTS	b. UNSAFE CONDITIONS
<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Unsafe operation method
<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Insufficient training
<input type="checkbox"/> Bypassing safety devices	<input type="checkbox"/> Insufficient knowledge of job
<input type="checkbox"/> Protective equipment not in use	<input type="checkbox"/> Slippery conditions
<input type="checkbox"/> Improper loading or placement	<input type="checkbox"/> Inadequate guarding of hazards
<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Defective tools/equipment
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Insufficient lighting

13. CAUSE OF MISHAP/INCIDENT (Proximate, intermediate, or root cause(s), If known at this time):

14. PROPOSED CORRECTIVE ACTION (Specify actions and recommendations to prevent similar mishaps/incidents from occurring in the future, if known at this time.):

15. LESSONS LEARNED:

16. DOES THE INVESTIGATOR(S) RECOMMEND FURTHER INVESTIGATION TO DETERMINE CAUSE OF MISHAP/INCIDENT AND PROPOSED CORRECTIVE ACTION? Yes No Don't Know

17. ATTACHMENTS: None Witness statements Photographs Additional proposed corrective actions
 Additional lessons learned Other _____ Number of attachments: _____

18. HAS THIS MISHAP/INCIDENT BEEN ENTERED INTO THE SHE REPORT/QUICK INCIDENT REPORT OR IRIS?
 Yes No Don't Know (IRIS or SHE Report number, if known): _____

19. DATE & TIME INVESTIGATOR WAS NOTIFIED OF MISHAP/INCIDENT: Date: _____ Approximate Time: _____	20. DATE INVESTIGATION WAS CONDUCTED?: _____
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21. INVESTIGATOR(S): _____	22. ORGANIZATION(S): _____	22. DATE: _____
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Provide this completed form to the organization IRIS representative responsible for the facility/operation where the mishap/incident occurred and a copy to the S&MA IRIS Administrator for entry into IRIS.