INCIDENT ANALYSIS FORM

- Incident analysis helps you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that the DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an	Injury	Disease	Fatality	Near-miss		
TODAY'S DATE		<u> </u>				
DATE REPORTED						
COMPANY						
DEPARTMENT						
SUPERVISOR						
PHONE NO.		<u> </u>				
1. Name of Person Involved	2. Sex	3. Social Security Numb	ber 4. DOB	5. Date of Incident		
6. Home Address	7. Time and Daya.m; 9. Employee's 0	p.m; day of week	8. Specific Locatio Was it on employe 10. Job Task at Tir	r's premises? ☐ yes ☐ no		
Phone ()						
13. Name and Address of Treating Physician	11. Length of Service Years; Months 14. Employment Category □ Regular, full-time □ Temporary		12. Employee was	s Working With Fellow Workers		
			15. Experience in Occupation at Time of Incident			
			Less than 1 month	_		
	☐ Regular, part-time ☐ Non-employee		☐ 6 months to 1 yea	r 1 to less than 5 years		
Phone ()	☐ Seasonal		☐ 5 or more years			
16. Name and Address of Hospital	17. Phase of Employee's Workday at Time of Injury					
			During meal period Working overtime			
	□ Entering or leaving the building □ Performing work duties □ Other (explain below) 18. Name of employee's immediate Supervisor at time of incident Witnessed Incident?					
	incident:			☐ Yes ☐ No		
19. Employee's Wage (pay per Hour)	20. Other Witne	esses				
21. Voluntary benefits paid by the employer, if any						

22. PART of B	ODY INFURIED	or AFFECTED				
Skull, Scalp	☐ Jaw	Abdomen	Shoulder	☐ Wrist	☐ Knee	Foot
☐ Eye	☐ Neck	☐ Back	Upper Arm	☐ Hand	☐ Thigh ☐	Тое
☐ Nose	☐ Spine	☐ Pelvis	☐ Elbow	☐ Finger	☐ Lower Leg	Ankle
☐ Mouth	☐ Chest	Other Body Part	☐ Forearm	☐ Hip	☐ Other	
23. NATURE o	of INJURY or ILL	INESS				
☐ Puncture	□ Bruise, Contusio	n Skin Disorder	■ Amputation	■ Muscle Sprain	☐ Cumulative Trauma	Disorder
■ Laceration	■ Dislocation	Burn	☐ Insect/Animal B	ite Muscle Strain	☐ Irritation	
☐ Fracture	☐ Abrasion	■ Respiratory	☐ Foreign Body	☐ Hernia	☐ Infection	
☐ Heat/Cold Stress		☐ Chemical Exp.	☐ Other			
24. DISPOSITI	ION	25. DIAGNO	DSIS		26. SEVERITY	
■ Days away from	work #	_			☐ First Aid ☐	Medical Treatment
☐ Restricted work	days #	_				Fatality
☐ Date returned to	work #	_			Other: Specify	_ ratality
Sent to:	Doctor D Hospital				Other. Specify	
27 WHAT CO	NDITION of TOC	IS FOLIDMEN	IT or WORK A	REA CONTRIBI	TED TO INCIDEN	T?■Not Applicable
☐ Close Clearance		☐ Floors/Work Surf		☐ Inadequate Hous		Tools/Equipment/Vehicle
☐ Hazardous Place	=	Inadequate Venti		☐ Equipment Failur		
☐ Inadequate War		☐ Equipment/Works			ds/Barrier	
_	USED or INFLUE	_		_	No Substandard	
Abuse or Misus		Inadequate Supe		Inadequate Purci		te Engineering
Inadequate Mair		Inadequate Tools		Improper Work S		
Lack of Knowled		☐ Improper Motivat		☐ Inadequate Capa	city 🔲 Lack of S	Skill
29. WHAT AC	TION or INACTION	ON CONTRIBUT	ED to the INCI	DENT? ■Not A	oplicable	
☐ Failure to Make	Secure	☐ Under Influence I	Drugs/Alcohol	☐ Failure to Warn/S	Signal 🔲 Inadequa	te/Improper P. P. E. Use
■ Nullified Safety/	Control Devices	☐ Used Defective E	quipment	☐ Horseplay/Distra	ctive Active 🗖 Operating	g at Improper Speed
Used Equipmen	t Improperly	☐ Improper Lifting		☐ Operating Proce		
☐ Running/Rushin	g/Acting in Haste	☐ Improper Loading	g	☐ Unauthorized Ac	tions Used Wro	ong Tool/Equipment
☐ Improper Techn	iaue	☐ Improper Position	n	☐ Servicing/Operat	ing Equipment	
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Other						
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