Incident Investigation

*Marine Operations*

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| *Investigator’s Name- PRINT* | *Name of Vessel where incident occurred* |
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| *Incident date* ***(01-January-2020)*** | *Date of Investigation* ***(01-January-2020)*** |
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| *TITLE: Short one line description of incident* |
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| This is a report of a:  \_\_\_\_\_ Near Miss \_\_\_\_\_ Injury \_\_\_ Illness \_\_\_ Fatality  \_\_\_ Chemical Exposure \_\_\_ Equipment Damage \_\_\_ Equipment Failure \_\_\_ Equipment Loss |

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| ***1. Documents Reviewed*** |
| List the documents that were reviewed in connection with this incident. Be sure to include employee, supervisor and third party reports, company policies and procedures, equipment maintenance, rigging/ deployment checklists, inspection logs. |
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| ***2: Describe the incident*** |
| Exact location of the incident:   | Exact time: |
| What part of employee’s workday?   \_\_\_ Before or after work shift \_\_\_ During work shift \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Names and positions of witnesses (if any): |
| What personal protective equipment, if any, was required? Was it being used properly? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.  |

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| ***3: Root Cause Analysis-- Why did the incident happen?*** |
| Unsafe **workplace conditions**:(Check all that apply)❑ Inadequate guard❑ Unguarded hazard❑ Safety device is defective❑ Tool or equipment defective❑ Workstation layout is hazardous❑ Unsafe lighting/ lack of visibility❑ Unsafe ventilation❑ Lack of appropriate equipment / tools❑ Unsafe clothing❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Unsafe acts** by people:(Check all that apply)❑ Operating without permission❑ Operating at unsafe speed ❑ Servicing equipment that has not been locked/ tagged out❑ Making a safety device inoperative❑ Using defective equipment❑ Using equipment in an unapproved way❑ Unsafe lifting❑ Taking an unsafe position or posture❑ Distraction, teasing, horseplay❑ Failure to use the available equipment / tools❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Company Policies/ Procedures**:(Check all that apply)❑ Procedure does not exist❑ Existing procedure does not cover this situation❑ Employee not trained on company policy/ procedure ❑ Employee aware of but did not follow policy/ procedure | Personal Protective Equipment - **PPE:** (Check all that apply)❑ PPE defective or inadequate for the job❑ Employee not trained on proper PPE use❑ PPE not provided or available ❑ Employee did not wear required PPE |
| List any other contributing factors leading up to the incident: |
| What is the ROOT CAUSE / CAUSES of this event? |
| Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No |
| Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No |

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| **Step 4: Preventative Actions-- How can future incidents be prevented?** |
| **What changes do you suggest to prevent this incident/near miss from happening again?**  |
| ❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy ❑ Revise existing policy ❑ Enforce existing policy ❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What should be (or has been) done specifically to carry out the suggestion(s) checked above? |

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| **Step 5: Who reviewed this form? (Please Print)** |
| Management’s final decision on corrective action:  |
| Reviewed by: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |