Incident Investigation

*Marine Operations*

|  |  |
| --- | --- |
| *Investigator’s Name- PRINT* | *Name of Vessel where incident occurred* |
|  |  |
| *Incident date* ***(01-January-2020)*** | *Date of Investigation* ***(01-January-2020)*** |
|  |  |
| *TITLE: Short one line description of incident* | |
|  | |

|  |
| --- |
| This is a report of a:  \_\_\_\_\_ Near Miss \_\_\_\_\_ Injury \_\_\_ Illness \_\_\_ Fatality  \_\_\_ Chemical Exposure \_\_\_ Equipment Damage \_\_\_ Equipment Failure \_\_\_ Equipment Loss |

|  |
| --- |
| ***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. |
|  |
|
|
|
|

|  |  |
| --- | --- |
| ***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. | |

|  |  |
| --- | --- |
| ***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 | |

|  |
| --- |
| **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? |

|  |  |
| --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |