



# STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM - DA2000

## MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: \_\_\_\_\_
17. POSITION/TITLE: \_\_\_\_\_
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? \_\_\_\_\_Y \_\_\_\_\_N
19. WAS EQUIPMENT INVOLVED? \_\_\_\_\_Y \_\_\_\_\_N (If no, skip to question 20) STATE-OWNED? \_\_\_\_\_Y \_\_\_\_\_N
- A. TYPE OF EQUIPMENT: \_\_\_\_\_
- B. IS THERE A JSA FOR EQUIPMENT? \_\_\_\_\_Y \_\_\_\_\_N C. DATE LAST JSA PERFORMED: \_\_\_\_\_
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? \_\_\_\_\_Y \_\_\_\_\_N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL? \_\_\_\_\_Y \_\_\_\_\_N
22. SAME LOCATION? \_\_\_\_\_Y \_\_\_\_\_N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION? \_\_\_\_\_Y \_\_\_\_\_N
- A. DATE & TIME: \_\_\_\_\_ B. ARE PICTURES AVAILABLE? \_\_\_\_\_Y \_\_\_\_\_N
- C. IF NO, REASON FOR NOT VISITING: \_\_\_\_\_

### ROOT CAUSE ANALYSIS

**UNSAFE ACT (PRIMARY):**  Failure to comply with policies/procedures  Failure to use appropriate equipment/technique  Inattentiveness  
 Inadequate/lack of JSA/standards  Incomplete or no policies/procedures  Inadequate training on policies/procedures  Inadequate adherence of policies/procedures

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

**WHY WAS ACT COMMITTED:**

**UNSAFE CONDITION (PRIMARY):**  Inappropriate equip/tool  Inadequate maintenance  Inadequate training  Wet surface  
 Worn/broken/defective building components  Broken equipment  Inadequate guard  Electrical hazard  Fire Hazard

Other (specify) \_\_\_\_\_

Detailed explanation of checked box \_\_\_\_\_

**WHY DID CONDITION EXIST:**

**CONTRIBUTORY FACTORS (IF ANY):**

**IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:**

**LONG RANGE ACTION TO BE TAKEN:**

**WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:**