

MANAGEMENT INCIDENT INVESTIGATION REPORT

The information added to a Management Incident Investigation Report should be a culmination of all the data gathered during the incident investigation. Think of this form as a canvas that can be used to paint a picture of what actually happened, making sure to identify contributing factors and including ideas for improvements. Some improvements are big fixes and require budget planning and interdepartmental cooperation while others are quick fixes that can be implemented immediately.

ORGANIZATION NAME:						
TYPE OF INCIDENT						
INJURY - FIRST AID ONLY	YES	NO				
INJURY – MEDICAL TREATMENT	YES	NO				
PROPERTY DAMAGE	YES	NO				
NEAR MISS/GOOD CATCH	YES	NO				
GATHER THE FACTS						
INJURED EMPLOYEE:						
OCCUPATION:						
ASSIGNED DEPARTMENT:						
SUPERVISOR:						
DATE OF INCIDENT:						
TIME OF INCIDENT:						
ADDRESS AND LOCATION OF INCIDENT:						
DATE INCIDENT WAS REPORTED:						
WITNESSES/OBSERVERS:						
SUMMARY: TELL THE STORY OF THE EVENT USE PHOTOS OR SKETCHES IF NECESSARY.						
ANALYSIS: IDENTIFY CONTRIBUTING FACTORS THAT LED TO THE INCIDENT WHAT WAS EXPECTED? WHAT WAS UNANTICIPATED?						



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IDENTIFY AND INVESTIGATE THE GAPS OR DIFFERENCES

LIST THE DIFFERENCES BETWEEN HOW THE WORK IS DONE VS. THE EVENTS THAT LED TO THE INCIDENT.

EVENTS OF THE DAY WHAT LED UP TO THE INCIDENT	WORK AS PLANNED HOW THE SYSTEM WAS D	ESIGNED TO OPERATE	WORK AS DONE HOW WORK IS TYPICALLY CONDUCTED			
Review:	Review: Procedures Work instructions Training Policies	3	Review how the work is typically done by your workforce on a day-to-day basis.			
RECOMMENDATIONS: OUTLINE ANY POSSIBLE SOLUTIONS TO ADDRESS THE GAPS YOU IDENTIFIED REMEMBER TO INCORPORATE SOLUTIONS THAT HARNESS THE NATURAL RESILIENCE IN YOUR TEAMS AND ORGANIZATION.						
ACTION TAKEN: IDENTIFY CONTRIBUTING FACTORS THAT LED TO THE INCIDENT CLOSE THE LOOP BY FOLLOWING THROUGH AND FOLLOWING UP ON SOLUTIONS FOR THE WORKPLACE.						
ACTION/CHANGE ASSI	IGNED TO	DATE IMPLEMENTED	NOTES			
EMPLOYEE INFORMATION:						
REPORT COMPLETED BY:		DATE:				
REPORT REVIEWED BY:		DATE:				