

CASE NO:		INSULATION SUPPLY COMPANY ILLNESS/INJURY (NEAR MISS) INVESTIGATION REPORT	
DATE OF INJURY/ILLNESS/LOSS:	NAME OF INJURED:	INJURED PERSON'S DEPARTMENT:	IMMEDIATE SUPERVISOR:
<i>IDENTIFY THE DIRECT AND CONTRIBUTING CAUSES OF THE ILLNESS/INJURY / NEAR MISS</i>			
1. Was the employee made aware of hazards and proper safety procedures associated with the task prior to the accident. (Explain)			
2. What mechanical, physical or environmental conditions contributed to the accident (broken equipment, poor lighting, noise, material defects, slippery surfaces, lack of warning signs or posted directions, etc.)			
3. What act(s) by the injured and/or others contributed to the accident (wrong tool or equipment, improper position or placement, work rule violation, failed to follow instructions, etc.)			
4. What personal factors contributed to the accident (improper attitude, fatigue, inattention, substance abuse, etc.)			
5. Was the accident the result of failing to wear personal protective equipment. (Explain)			
6. What corrective action(s) has been or will be taken to prevent a recurrence of this type of accident (repair/modify/replace equipment, counseling, training, policies, procedures, etc.)			
7. Who is responsible to implement correction actions?			
INVESTIGATED BY: Supervisor	DATE:	REVIEWED BY: Safety Committee Chair	DATE:

Routing: Supervisor Safety Chair Human Resources Dept.