|  |
| --- |
| ***(to be completed by*  MPS Employee Incident Investigation Report**  ***SSC Manger, Nurse, Principal or designee*  (instructions on next page)**  |
| **36. Name:** Click here to enter text. | **37. Injury date:** MM/DD/YY  | **38. Injury Location:** Choose Enter room, area and/or description |
| **PART D Root Cause Investigation Information**  |
| **39. Root cause analysis *(check all that apply – consider witnesses, location, timing, experience, process, procedures, previous, etc.)***  ***Unsafe Acts Unsafe Conditions System Deficiencies*** |
| [ ]  **Improper work technique** [ ]  **Improper PPE / PPE not used**[ ]  **Operating at improper speeds**[ ]  **By-passing safety devices/guards**[ ]  **Improper loading or placement**[ ]  **Improper lifting**[ ]  **Servicing energized machinery** [ ]  **Horseplay**[ ]  **Drug or alcohol use**[ ]  **Unnecessary haste**[ ]  **Other: Describe other**   | [ ]  **Congested work area**[ ]  **Fire or explosion hazard**[ ]  **Inadequate ventilation**[ ]  **Improper storage**[ ]  **Damaged/Wrong tool/equipment**[ ]  **Insufficient knowledge of job**[ ]  **Slippery -- Ice / Wet / Grease**[ ]  **Poor housekeeping**[ ]  **Inadequate hazard control**[ ]  **Insufficient lighting**[ ]  **Other: Describe other**   | [ ]  **Lack of written procedures**[ ]  **Safety policies not enforced**[ ]  **Hazards not identified**[ ]  **PPE unavailable / improper**[ ]  **Insufficient training**[ ]  **Improper maintenance**[ ]  **Inadequate supervision**[ ]  **Inadequate job planning**[ ]  **Inadequate inspection**[ ]  **Poor process design**[ ]  **Other: Describe other**   |
| **40. Is the task described in a procedure or policy?** Choose | If yes, which policy or procedure  |
| **41. Was the task performed properly as trained?** Choose | If no, what was the deviation  |
| **42. Did employee action or inaction contribute?** Choose | If yes, describe here  |
| **43. Was the proper equipment or tool used?** Choose | If no, describe here  |
| **44. Were safety steps were missed or ignored?** Choose | If yes, list  |
| **45.What happened and Root Cause Conclusions/Why – *Why did the accident occur (based on data gathered - which action or inaction led to other actions or inaction; consider experience, availability, process, attitudes, management, conditions, support, maintenance, training, personal obstacles, medications, etc,)***Click here to enter text .**Why -** Click here to enter text **Why -** Click here to enter text. **Why -** Click here to enter text. **Why -** Click here to enter text.  |
| **PART E Recommendations/Actions**  |
| **46. General Recommendations *(what would prevent or help prevent this in the future):***[ ]  **Improve Enforcement** [ ]  **Improve Clean-up Procedures**  [ ]  **Repair/Replace Equipment**  [ ]  **Corrective Counseling** [ ]  **Rotation of Employee** [ ]  **Improve/Change Work Method** [ ]  **Identify/Improve P. P. E** [ ]  **Retrain Employees** [ ]  **Install/Revise Guards/Devices** [ ]  **Improve Design/Construction** [ ]  **Improve Illumination** [ ]  **Change Materials/Supplies** [ ]  **Improve Storage/Arrangement** [ ]  **Mandatory Pre-Job Huddle** [ ]  **Task/Procedure Revision** [ ]  **Other: Describe other**    |
| **47. Action item detail *(add to follow up)*** | **Responsible party(ies)** | **Target date** |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| Click here to enter text.  | Enter names  | MM/DD/YY  |
| 48. Form preparer name and titleEnter NameEnter Title  | 49. Form preparer signatureType name – save & e-mail after date  | 50. Date preparedMM/DD/YY  |
| ***Please complete the ENTIRE form and return to the form within 48 hours of the injury******Save file & E-mail it to*** *kkcoleman@mpsomaha.org* ***or Fax to Kim Coleman at 402-715-8409*** |
| ***(to be completed by*  MPS Employee Injury Investigation Report** ***SSC Manager, Nurse, Principal or designee) INVESTIGATION REPORT INSTRUCTIONS***  |
|  36. Injured employee’s name -- FIRST NAME, M. INITIAL, LAST NAME – 37. Date the injury happened 38. Pick where the injury happened then enter room, area or description where it occurred (abbreviate if needed) |
| **PART D Root Cause Investigation Information**  |
| 1. Check the boxes that best describe the acts, conditions, or deficiencies that led to the accident. There may be more than 1 cause. Be sure to consider/analyze the entire process. If the cause is other, check box and list
2. Pick choice and describe
3. Pick choice and describe
4. Pick choice and describe
5. Pick choice and describe
6. Pick choice and describe
7. List what happened & why the accident happened. This is beyond “employee slipped.” These are conditions that led to or contributed to the “employee slipping.” The “whys” can be related & build on each other or can be separate items that contributed to the accident.
 |
| **PART E Recommendations / Actions**  |
| 1. Check the recommendation (s) that you think will best alleviate or eliminate the hazard or problems. If other, check box and list recommendation
2. List tasks to complete to implement recommendations in block 45. Include who should complete it and estimated date it should be finished. Be sure to add these to your follow up and ensure recommended tasks/changes are completed and/or implemented.
 |
| **PART F Required Coordination** |
| 1. Name & Title of person completing form (this should be SSC Manager, Nurse, Principal, or designee)
2. Form preparer’s name for signature

 NOTE: if saving and attaching to e-mail (preferred) then type name --- if printed to scan or fax, then sign as usual) 1. Date form is completed.
 |
| ***Please complete the ENTIRE form and return to the form within 48 hours of the injury******Save file & E-mail it to*** *kkcoleman@mpsomaha.org* ***or Fax to Kim Coleman at 402-715-8409*** |