

# Metropolitan State University of Denver

Report Initiated By:

Phone Number:

Date & Time:

### Type of Incident – Check all that Apply

- |   |                                |  |  |  |
|---|--------------------------------|--|--|--|
| <input type="checkbox"/> Injury/Illness | <input type="checkbox"/> Fire  | <input type="checkbox"/> Sewer Release | <input type="checkbox"/> High Loss Potential | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> Spill          | <input type="checkbox"/> Flood | <input type="checkbox"/> Air Emission  | (near miss)                                  | <input type="checkbox"/> Other           |

### General Incident Information

Campus: \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 If outside, describe location: \_\_\_\_\_  
 Hospitalization/Clinic Visit Required  Yes  No      Emergency Services Response Required  Yes  No

### Detailed Incident Description

Hazardous Material(s) Involved: \_\_\_\_\_  Yes  No

### People Involved in the Incident (e.g., injured, observed, present, exposed/potentially exposed)

Name:	Phone:	Position:	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(if yes, fill out "Injury follow-up" section)</small>
Name:	Phone:	Position:	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(if yes, fill out "Injury follow-up" section)</small>
Name:	Phone:	Position:	Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>(if yes, fill out "Injury follow-up" section)</small>

### Injury Follow-up

Name:	Medical evaluation recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to:
Name:	Medical evaluation recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to:
Name:	Medical evaluation recommended? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported to:

### Actions Already Taken by those Involved in the Incident

### Cause Analysis

**Immediate Causes** – What Actions and Conditions may have contributed to this event? (see examples below)

**Basic Causes** – What specific personal or job Factors contributed to this event, if applicable? (see examples below)

#### EXAMPLES OF IMMEDIATE CAUSES

##### Substandard Actions

1. Operating Equipment without Authority or Supervision
2. Failure to Warn
3. Failure to Secure
4. Making Safety Devices Inoperable

5. Removing Safety Devices
6. Failure to Use PPE or Proper PPE
7. Using Defective Equipment
8. Under Influence of Alcohol/Drugs
9. Horseplay

##### Substandard Conditions

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| 1. Guards or Barriers             | 8. Poor Housekeeping               |
| 2. Protective Equipment           | 9. Exposure to Hazardous Materials |
| 3. Tools, Equipment, or Materials | 10. Extreme Temperature Exposure   |
| 4. Congestion                     | 11. Illumination                   |
| 5. Warning System                 | 12. Ventilation                    |
| 6. Noise Exposure                 | 13. Visibility                     |
| 7. Fire and Explosion Hazards     |                                    |

#### EXAMPLES OF BASIC CAUSES

##### Personal Factors

1. Capability
2. Knowledge
3. Skill

4. Stress
5. Motivation

##### Job Factors

- |                |                    |
|----------------|--------------------|
| 1. Supervision | 5. Tools/Equipment |
| 2. Engineering | 6. Work Standards  |
| 3. Purchasing  | 7. Wear and Tear   |
| 4. Maintenance | 8. Abuse or Misuse |

**Would you like EHS to conduct a risk assessment or further training?  Yes  No**

**Action Plan (to be completed by EH&S)**

**Corrective Actions** – What has been or should be done to control the causes listed? Include Management programs (see examples below) if applicable.

Action	Person Responsible	Target date
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**Persons Performing Investigation**

Name:	Signature:	Date:
Name:	Signature:	Date:

**Witnesses (list):**

**Management Review**

PI/Lab Coordinator Name:	Signature:	Date:
Comments:		

EHS Lead Name:	Signature:	Date:
Comments:		

Risk Management Name:	Signature:	Date:
Comments:		

**Note: Attach additional information as necessary**

**MANAGEMENT PROGRAMS FOR CONTROL OF INCIDENTS**

- |                                  |                             |
|----------------------------------|-----------------------------|
| 1. Leadership and Administration | 10. Health Control          |
| 2. Management Training           | 11. Program Audits          |
| 3. Planned Inspections           | 12. Engineering Controls    |
| 4. Task Analysis and Procedures  | 13. Personal Communications |
| 5. Task Observation              | 14. Group Meetings          |
| 6. Emergency Preparedness        | 15. Hiring and Placement    |
| 7. Organizational Rules          | 16. Purchasing Controls     |
| 8. Accident/Incident Analysis    | 17. Employee Training       |
| 9. Personal Protective Equipment |                             |