



Dept of Chemistry Incident Report & Prelim Investigation Form

Instructions: The supervisor/PI/Instructor/TA of the injured is requested to assist the injured to complete this form thoroughly and submit to the Brenna Goode/Instructional Lab Staff. If further investigation is warranted, EHS will request a full Incident Investigation Report.

Name of Injured:	Date of Incident:
UI ID # of Injured:	Date Reported:
Address of Injured:	Investigation Date:
City, State, Phone:	Incident Location:
Supervisor/PI Name:	Instructor/TA Name:
BET Member/Lab Staff Notified:	Course & Section #:
Injury Type (strain, cut, etc.):	Body Part Injured:

Incident Description: Please provide a detailed description of the incident. If possible, have the injured re-create the incident; including who, what, when, where and why. If more space is needed, use the second page for additional description. Attach photos separately.

Preliminary Root Cause Analysis For Consideration (check all that apply)

Contributing Actions	Contributing Conditions
<input type="checkbox"/> Use of safety devices <input type="checkbox"/> Use of PPE <input type="checkbox"/> Equipment condition <input type="checkbox"/> Appropriate equipment use <input type="checkbox"/> Procedural issues <input type="checkbox"/> Speed of operation <input type="checkbox"/> Lifting technique <input type="checkbox"/> Operator skill <input type="checkbox"/> Other:	<input type="checkbox"/> Recapped needle <input type="checkbox"/> Material Handling <input type="checkbox"/> Use of tools <input type="checkbox"/> Warning method <input type="checkbox"/> Type of clothing <input type="checkbox"/> Authorization issue <input type="checkbox"/> Awareness <input type="checkbox"/> Lost balance <input type="checkbox"/> Other:
<input type="checkbox"/> Housekeeping <input type="checkbox"/> Condition of surface <input type="checkbox"/> Ergonomic issue <input type="checkbox"/> Guards/barriers <input type="checkbox"/> Tools/equipment <input type="checkbox"/> Tools/Equipment not available <input type="checkbox"/> Lighting/Temp/Ventilation <input type="checkbox"/> Work area <input type="checkbox"/> Other:	<input type="checkbox"/> Exposure <input type="checkbox"/> Noise <input type="checkbox"/> Chemicals <input type="checkbox"/> Fire/explosion hazard <input type="checkbox"/> Radiation <input type="checkbox"/> Sharp object <input type="checkbox"/> Inclement weather <input type="checkbox"/> Training

Treatment: Refused Student Health Hospital/ER

Transportation: Own Public Safety Ambulance Other

Root Cause Analysis: Based on your analysis, please indicate what caused this incident.
 (If more in-depth analysis is needed, use the 5-Why process on the second page.)

Possible Corrective Actions For Consideration (check those items that will help prevent recurrence)

<input type="checkbox"/> Isolate & guard the hazard <input type="checkbox"/> Automate a manual process <input type="checkbox"/> Design out/remove hazard <input type="checkbox"/> Ventilation <input type="checkbox"/> Other:	<input type="checkbox"/> Procedure change <input type="checkbox"/> Safety training <input type="checkbox"/> Add signs/warning label <input type="checkbox"/> Improve housekeeping <input type="checkbox"/> New/different tools/equip	<input type="checkbox"/> Gloves <input type="checkbox"/> Respirator <input type="checkbox"/> Safety glasses <input type="checkbox"/> Safety shoes <input type="checkbox"/> Lab coat
<input type="checkbox"/> Safety goggles <input type="checkbox"/> Face shield		

Other:

Proposed timely corrective actions	Person(s) responsible for completing corrective actions

Supervisor/PI/Instructor/TA (Electronic) Signature:		Date:	
(Electronic) Signature of Injured:		Date:	
BET Member/Lab Staff (Electronic) Signature:		Date:	

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Name of Injured: _____

Date of Incident: _____

Incident Description: Continued from page 1. Use this space to add more information (if necessary).

5-Why Root Cause Analysis

By repeatedly asking the question "Why" (five is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. Example: Someone slipped and fell. (the problem)

1. Why? - The floor was wet. (first why)

2. Why? - The weather was bad and people tracked snow into the building. (second why)

3. Why? - The floor tile was not slip-resistant and did not absorb moisture. (third why)

4. Why? - The floor mats that are normally put out during bad weather were not put down. (fourth why)

5. Why? - The person that puts out floor mats during bad weather was absent that day and no one assumed his duties. (fifth why, a root cause)

Why 1:

Why 2:

Why 3:

Why 4:

Why 5:

Form routing

For injured employees, e-mail/deliver completed forms to **Brenna Goode** (E331 CB / brenna-goode@uiowa.edu).

For injured students, email/deliver completed forms to the **Instructional Lab Staff** (W344 CB/ W444 CB/ chemistry-preproom@uiowa.edu)