



ENVIRONMENT, HEALTH, AND SAFETY

**RESPONSE RECORD
NUMBER**

11-

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TITLE:
EHS INCIDENT INVESTIGATION REPORT

Revision No:

Effective Date:

PARTICULARS OF INCIDENT

Date of Incident	Time & Shift	Location (bldg./room #, outside, etc.)	Date reported
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THE PERSON

Name & employee number:	Affiliation (SAIC, NCI, etc.):
	Supervisor:
Work Phone #:	FME employee? <input type="checkbox"/> Yes <input type="checkbox"/> No

THE INCIDENT

Description

If additional space is needed please attach a separate sheet.

Describe what happened: (Describe the operation/activity and if any of the following was involved: equipment, handtools, personal protective equipment, and materials- (As best as possible have employee describe the accident to you.)

<p>Indicate Type of Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assaults And Violent Acts By Person <input type="checkbox"/> Assaults By Animal / Insect <input type="checkbox"/> Caught In, Or Between <input type="checkbox"/> Contact With Objects And Equipment <input type="checkbox"/> Exposure To Harmful Substance <input type="checkbox"/> Fall On Same Level <input type="checkbox"/> Fall To Different Level <input type="checkbox"/> Fires And Explosions <input type="checkbox"/> Vehicle Accident (Driver) <input type="checkbox"/> Overexertion <input type="checkbox"/> Overexertion In Lifting <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Struck Against Object <input type="checkbox"/> Struck By Object <input type="checkbox"/> Transportation Accident 	<p>Indicate Nature of Accident</p> <ul style="list-style-type: none"> <input type="checkbox"/> Allergic reaction <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Radiation <input type="checkbox"/> Amputations <input type="checkbox"/> Carpal Tunnel Syndrome <input type="checkbox"/> Contusions <input type="checkbox"/> Cuts, Lacerations <input type="checkbox"/> Fractures <input type="checkbox"/> Heat Burns <input type="checkbox"/> Multiple Traumatic Injuries <input type="checkbox"/> Punctures <input type="checkbox"/> Sprains <input type="checkbox"/> Strains <input type="checkbox"/> Tendinitis <input type="checkbox"/> Injection (Needle Stick) <input type="checkbox"/> Occupational Health- Disease Exposure <input type="checkbox"/> Occupational Health- Dermatitis <input type="checkbox"/> Occupational Health- Poisoning <input type="checkbox"/> Unknown 	<p>Indicate Body Part Affected</p> <ul style="list-style-type: none"> <input type="checkbox"/> Head/Face <input type="checkbox"/> Eyes <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arms <input type="checkbox"/> Wrist <input type="checkbox"/> Hands <input type="checkbox"/> Fingers <input type="checkbox"/> Abdomen <input type="checkbox"/> Back <input type="checkbox"/> Hip <input type="checkbox"/> Buttock <input type="checkbox"/> Leg <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Internal System <input type="checkbox"/> Multiple Injuries
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Was potentially infectious material or recombinant DNA involved? Yes No
If yes, please describe & provide applicable ASP or IBC #:



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Describe what immediate activities led to the accident (Describe behaviours and conditions as needed)

Unsafe Behaviours

- Operating equipment without authority
- Failure to warn
- Failure to secure
- Operating at improper speed
- Making safety devices inoperative
- Using defective equipment
- Failure to use personal protective equipment (PPE) properly
- Improper loading
- Improper placement
- Improper lifting
- Taking a risky position
- Servicing equipment in operation
- Horseplay
- Using equipment improperly
- Failure to follow procedure
- Failure to identify hazard/risk
- Failure to pay attention
- Inexperience / lack of training
- Rushing / hurried job

SUBSTANDARD CONDITIONS

- Inadequate guards or barriers
- Inadequate or improper protective equipment
- Defective tools, equipment, or materials
- Congestion or restricted action
- Inadequate warning system
- Fire and explosion hazards
- Poor housekeeping/disorder
- Noise exposure
- Radiation exposure
- Temperature extremes
- Inadequate or excessive illumination
- Inadequate ventilation
- Presence of harmful materials
- Inadequate instructions/procedures
- Inadequate information/data
- Inadequate preparation/planning
- Inadequate support/assistance
- Inadequate communications process
- Road conditions
- Weather conditions
- Mind off task
- Other- Describe:

LEADER/SUPERVISION

- Inadequate engineering
- Inadequate purchasing
- Inad. maintenance
- Inad. tools/equipment
- Inad. work standard
- Excessive wear/tear
- Inad. Communications
- Inadequate controls
- Poor housekeeping
- Other-Describe:

Comment:

Corrective Actions

What action has or will be taken to prevent a recurrence?	By whom	Follow-up date	Completed date

Is there an SOP, safetygram, standard, or regulation applicable? Yes No

If "yes" reference:

Incident investigated by (supervisor):

DATE:

EHS Investigator Review: _____.

DATE: