**Updated on February 26, 2018**

# INCIDENT REVIEW FORM

## Injury Illness Near Miss

Member Name: Injured Employee Name: Age: Employee Works: Reg. FT Reg. PT Seasonal Temporary Volunteer # of Months w/Employer: # of Months Doing this Job Date of Incident: Time of Incident: Location of Incident: Date and Time Incident Reported to Supervisor: Witness Names and Phone Numbers:

***If incident was a motor vehicle accident, form MV 104a must be attached.***

**Incident narrative** – **Attach separate employee and witness statements of the entire incident and events leading up to the incident. Make sure they are dated and signed by each individual. Attach pictures of the location of incident/accident & any contributing risk factors (if available).**

***If vehicle/equipment was involved, specify type:***

Specific body parts injured (check/circle all that apply):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Head** |  | **Ear** | R/L/Both | **Finger** | R/L | **Leg** | R/L/Both |
| **Neck** |  | **Shoulder** | R/L/Both | **Chest** |  | **Knee** | R/L/Both |
| **Face** |  | **Arm** | R/L/Both | **Back** |  | **Ankle** | R/L/Both |
| **Eye** | R/L/Both | **Elbow** | R/L/Both | **Hip** | R/L/Both | **Foot** | R/L/Both |
| **Nose** |  | **Wrist** | R/L/Both | **Buttocks** | R/L/Both | **Toe** |  |
| **Mouth** |  | **Hand** | R/L/Both | **Groin** |  | **Internal**  **Organ** |  |
| **Other:** | | | | | | | |

Describe injuries in detail:

Initial treatment: (enter name of facility and check facility type):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Facility:** | | **Urgent Care** |  |
| **None** |  | **Occupational Medical Clinic** |  |
| **First Aid Only** |  | **Emergency Room** |  |
| **Primary Care Physician** |  | **Other:** | |

# ROOT CAUSE

|  |  |  |  |
| --- | --- | --- | --- |
| **Motor Vehicle Accident** |  | **Electrical** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Fall From Different Level (Elevation)** | | **Slip, Trip, Fall on Same Level** | |
| **Select one from dropdown menu** |  | **Select one from dropdown menu** |  |

|  |  |
| --- | --- |
| **Object Handled** | |
| **Select one from dropdown menu** |  |

|  |  |
| --- | --- |
| **Occupational Exposure** | |
| **Select one from dropdown menu** |  |

|  |  |
| --- | --- |
| **Human/Animal/Vector** | |
| **Select one from dropdown menu** |  |

|  |  |
| --- | --- |
| **Striking Against or Stepping On** | |
| **Select one from dropdown menu** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Caught in/under/between** | | **Struck by** | |
| **Select one from dropdown menu** |  | **Select one from dropdown menu** |  |

**Please select all that apply**

# CONTRIBUTING FACTORS

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|  |  |  |  |
| --- | --- | --- | --- |
| **Environmental** | | | |
| **Select from dropdown menu** |  | **Select from dropdown menu** |  |
| **Select from dropdown menu** |  | **Select from dropdown menu** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Workplace** | | | |
| **Select from dropdown menu** |  | **Select from dropdown menu** |  |
| **Select from dropdown menu** |  | **Select from dropdown menu** |  |

PERSON COMPLETING REPORT AND CHECK LIST

Name: Title: Signature: Date:

Send completed document(s) to PERMA by e-mail [IncidentReview@PERMA.org](mailto:IncidentReview@NEAMI.com) or fax (516) 535-4949.

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# INCIDENT REVIEW & ANALYSIS

## Utilize information collected on the incident review form to complete root cause analysis and outline steps to be taken to avoid future incidents

|  |  |  |  |
| --- | --- | --- | --- |
| Items to be Reviewed and Discussed: | Action Item | Assigned To | Completed Date |
| 1. Engineering controls |  |  |  |
| 2. Management controls |  |  |  |
| 3. Personal protective equipment |  |  |  |
| 4. Improvement strategies = 5 P’s | | | |
| a. Policies |  |  |  |
| b. Programs |  |  |  |
| c. Plans |  |  |  |
| d. Processes |  |  |  |
| e. Procedures |  |  |  |
| 5. Interim measures | | | |
| a. Temporary fix |  |  |  |
| b. Permanent resolution with a final target |  |  |  |
| 6. Take corrective action (attach documentation  highlighting preventive actions to be taken). |  |  |  |
| 7. Follow up evaluation once all actions completed  to ensure prevention of incident occurring again. |  |  |  |
| 8. Employer review/change of procedures with re-  instruction to all employees. |  |  |  |
| 9. Reviews and sign off via chain of command of  member entity. |  |  |  |
| 10. File this completed incident analysis report &  attachments with PERMA for their review. |  |  |  |
| 11. Conduct quarterly and annual review of all your incidents. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Signature of all managers and top leadership:** | | |
| Employee’s Direct Supervisor | Date |  |
| Department Head | Date |  |
| Safety Coordinator | Date |  |
| Principal Executive Officer | Date |  |