



## INCIDENT INVESTIGATION REPORT

After an injured/ill person has received prompt medical attention, the next step is to determine the cause of the incident. This investigation form should also be used for any incidents that result in equipment or property damage. This report should be prepared with a goal of fact finding, not fault finding. All blanks must be completed with specific answers or comments.

Timing is important for an accurate and complete investigation, therefore all incident investigations must be completed within 24 hours. Information that is gathered later diminishes in accuracy. If a question does not apply, **DO NOT LEAVE BLANK. INSTEAD MARK "NONE" OR "N/A" FOR NOT APPLICABLE.**

**Please fax Incident Investigation Report to (603) 878-3519.**

### SECTION 1: INCIDENT INFORMATION

Injured or ill employee: (last name) \_\_\_\_\_ (first name) \_\_\_\_\_

OR

Owner of damaged property: \_\_\_\_\_

Jobsite name: \_\_\_\_\_ Project #: \_\_\_\_\_

Jobsite location (town & state): \_\_\_\_\_

Job title/Classification of injured employee: \_\_\_\_\_

Date of incident: \_\_\_/\_\_\_/\_\_\_ Time of incident: \_\_\_\_\_ AM\_\_ / PM\_\_

Date incident reported: \_\_\_/\_\_\_/\_\_\_ Time of report: \_\_\_\_\_ AM\_\_ / PM\_\_

Employee reported incident to: \_\_\_\_\_

Supervisor of incident location: \_\_\_\_\_ Foreman: \_\_\_\_\_

### SECTION 2: INVESTIGATION FOR INJURED/ILL EMPLOYEE (check all that apply):

\_\_\_\_\_ N/A (Property / equipment damage – go to Section 3)

\_\_\_\_\_ N/A (Near miss incident – go to Section 4)

#### Injured / ill employee sent to:

\_\_\_\_\_ Occupational Health Provider  
\_\_\_\_\_ Home

\_\_\_\_\_ Hospital  
\_\_\_\_\_ Returned to work

\_\_\_\_\_ Transported by ambulance  
\_\_\_\_\_ Other: \_\_\_\_\_

#### Case type:

\_\_\_\_\_ Document only  
\_\_\_\_\_ Occupational illness  
\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ First Aid (on site)  
\_\_\_\_\_ Lost workday(s)

\_\_\_\_\_ Medical treatment (off site)  
\_\_\_\_\_ Restricted / modified duty



**Body part injured / illness:**

- |                                      |                                    |  |                                       |
|--------------------------------------|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Ankle /foot | <input type="checkbox"/> Arm       | <input type="checkbox"/> Abdomen /chest    | <input type="checkbox"/> Hand         |
| <input type="checkbox"/> Neck        | <input type="checkbox"/> Back      | <input type="checkbox"/> Nose /face /mouth | <input type="checkbox"/> Multiple     |
| <input type="checkbox"/> Leg(s)      | <input type="checkbox"/> Knee(s)   | <input type="checkbox"/> Head              | <input type="checkbox"/> Eye(s)       |
| <input type="checkbox"/> Wrist(s)    | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Groin             | <input type="checkbox"/> Skin         |
| <input type="checkbox"/> Shoulder(s) | <input type="checkbox"/> Hip(s)    | <input type="checkbox"/> Internal organs   | <input type="checkbox"/> Elbow(s)     |
| <input type="checkbox"/> Teeth       | <input type="checkbox"/> Heart     | <input type="checkbox"/> Hearing loss      | <input type="checkbox"/> Other: _____ |

**Body locations:**

- |                                |                                |                                     |
|--------------------------------|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Left  | <input type="checkbox"/> Right | <input type="checkbox"/> Both       |
| <input type="checkbox"/> Upper | <input type="checkbox"/> Lower | <input type="checkbox"/> Total body |

**Findings (type of injury):**

- |  |                                       |   |   |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Abrasion (scrape) | <input type="checkbox"/> Amputation   | <input type="checkbox"/> Burn               | <input type="checkbox"/> Contusion (bruise) |
| <input type="checkbox"/> Crush             | <input type="checkbox"/> Fracture     | <input type="checkbox"/> Foreign body (eye) | <input type="checkbox"/> Inhalation         |
| <input type="checkbox"/> Laceration (cut)  | <input type="checkbox"/> Puncture     | <input type="checkbox"/> Rash               | <input type="checkbox"/> Strain             |
| <input type="checkbox"/> Sprain            | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Electric shock     | <input type="checkbox"/> Teeth              |
| <input type="checkbox"/> Concussion        | <input type="checkbox"/> Sting /bite  | <input type="checkbox"/> Weather exposure   | <input type="checkbox"/> Other: _____       |

**SECTION 3: INVESTIGATION PROPERTY /EQUIPMENT DAMAGE (check all that apply):**

- N/A (Injured /ill employee – go to Section 4)
- N/A (Near miss incident – go to Section 4)

**Required action for damaged equipment:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Document only   | <input type="checkbox"/> Continue to operate     | <input type="checkbox"/> Repair on jobsite |
| <input type="checkbox"/> Sent to dealer for repair                                       | <input type="checkbox"/> Sent to shop for repair |  |
| <input type="checkbox"/> Rental equipment required to replace damaged equipment          |  |  |
| <input type="checkbox"/> New equipment required to replace damaged equipment (destroyed) |  |  |
| <input type="checkbox"/> Other: _____  |  |  |

**Equipment incident type:**

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment hitting other equipment         | <input type="checkbox"/> Equipment hitting other objects           |
| <input type="checkbox"/> Equipment damage to overhead utilities    | <input type="checkbox"/> Equipment damage to underground utilities |
| <input type="checkbox"/> Operator not in control of load /material | <input type="checkbox"/> Traffic accident                          |
| <input type="checkbox"/> Equipment driven off road                 | <input type="checkbox"/> Equipment rollover                        |
| <input type="checkbox"/> Other: _____                              |  |

**Hutter Construction equipment involved in incident:**

Unit number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Unit number \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Other damaged property: \_\_\_\_\_

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_



**SECTION 4: INCIDENT OVERVIEW AND STATEMENTS**

**Employee's written statement:** To be completed by employee and signed at the time the incident is reported – unless it is an emergency situation.

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Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness(es): \*Have statements completed and signed\*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Exact location of incident on the jobsite: \_\_\_\_\_

Specific activity at the time of incident: \_\_\_\_\_

All equipment, tools and materials directly related to and /or being used at time of incident: \_\_\_\_\_

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**Type of incident /cause:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Struck by       | <input type="checkbox"/> Slip /trip /fall          | <input type="checkbox"/> Struck against |
| <input type="checkbox"/> Contact with    | <input type="checkbox"/> Caught in, caught between | <input type="checkbox"/> Strain /sprain |
| <input type="checkbox"/> Repeated motion | <input type="checkbox"/> Returned to work          | <input type="checkbox"/> Other: _____   |

**SECTION 5: INCIDENT CAUSE(S) AND CORRECTIVE ACTIONS**

**Superintendent's description of event(s) and Investigation findings**

Include relevant background information, employee's location /position in relation to surroundings, how employee was doing what he /she was doing. Please attach diagrams and pictures to clarify as needed.

**Description of incident:**

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**Other comments and information regarding the incident:**

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**Cause(s)/contributing factors (people, equipment, environment)**

**What condition(s) or factor(s) contributed to the incident: (Check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Inadequate training                                | <input type="checkbox"/> Extreme temperature               |
| <input type="checkbox"/> Rule violation /deviation from procedure           | <input type="checkbox"/> Poor housekeeping                 |
| <input type="checkbox"/> Lack procedure enforcement                         | <input type="checkbox"/> Equipment failure                 |
| <input type="checkbox"/> Unsafe work practices and procedures               | <input type="checkbox"/> Air contamination /no ventilation |
| <input type="checkbox"/> Inadequate warning system                          | <input type="checkbox"/> PPE not used /improper PPE        |
| <input type="checkbox"/> Improper equipment used                            | <input type="checkbox"/> Equipment failure /defective      |
| <input type="checkbox"/> Inadequate guarding of equipment                   | <input type="checkbox"/> Task too physically demanding     |
| <input type="checkbox"/> Equipment inspection insufficient or not performed | <input type="checkbox"/> Pre-existing condition            |
| <input type="checkbox"/> Hazard was not identified (No JHA /STA)            | Other: _____   |
| <input type="checkbox"/> Hazard identified but not addressed                | Other: _____   |

**Explain:**

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**Program failure (Check all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Inadequate /no Job Hazard Analysis (JHA)    | <input type="checkbox"/> Poor housekeeping               |
| <input type="checkbox"/> Inadequate /no Safety Task Assessment (STA) | <input type="checkbox"/> Inadequate /no new employee OJT |
| <input type="checkbox"/> Inadequate Site Safety Inspection Program   | <input type="checkbox"/> Inadequate rule enforcement     |
| <input type="checkbox"/> Inadequate warning signs /barricades        | <input type="checkbox"/> Equipment not inspected         |
| <input type="checkbox"/> Inadequate employee orientation             | Other: _____   |
| <input type="checkbox"/> Inadequate /no training and education       | Other: _____   |

**Explain:**

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**Corrective action taken / to be taken to prevent recurrence (Check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> Review /Revise /Re-communicate (JHA)   | <input type="checkbox"/> Improve housekeeping               |
| <input type="checkbox"/> Review /Revise /Re-communicate (STA)   | <input type="checkbox"/> Discuss incident with crew         |
| <input type="checkbox"/> Train /retain employee(s)              | <input type="checkbox"/> Perform equipment /tool inspection |
| <input type="checkbox"/> Mark / re-mark hazards                 | <input type="checkbox"/> Upgrade equipment /design          |
| <input type="checkbox"/> Enforce rules and procedures)          | <input type="checkbox"/> Use proper equipment               |
| <input type="checkbox"/> Increase frequency of site inspections | Other: _____  |
| <input type="checkbox"/> Install guards /safety devices         | Other: _____  |

**Explain (Also, please indicate target date for corrective action):**

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**Supervisor's name:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date investigation completed by supervisor:** \_\_\_\_\_

**Safety Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_