

PRODUCTIVITY FACTORS		WORK BEHAVIOR	
<input type="checkbox"/>	Heavy Workload	<input type="checkbox"/>	Shortcuts Taken
<input type="checkbox"/>	Tight Schedule To Complete Task	<input type="checkbox"/>	Deviations-Common, Allowed etc...
<input type="checkbox"/>	Long/Unusual Working Hours	<input type="checkbox"/>	Special Infrequent Task
<input type="checkbox"/>	Falsely Perceived Need to Hurry	<input type="checkbox"/>	Tool/Equipment Used Improperly
<input type="checkbox"/>	Staff Assistance Unavailable	<input type="checkbox"/>	History of Accidents/Incidents
<input type="checkbox"/>	Staff Assistance Inadequate	<input type="checkbox"/>	Disregard/Refused to Follow Procedure
<input type="checkbox"/>	Changes in Process	<input type="checkbox"/>	Staff Assistance Required
<input type="checkbox"/>	Was Employee Ill?	<input type="checkbox"/>	Horseplay
<input type="checkbox"/>	Medication, Drugs, Alcohol Factors	<input type="checkbox"/>	Repetitive or Physically Demanding
<input type="checkbox"/>	Double Shift	<input type="checkbox"/>	Going On/Coming Off Vacation

TRAINING		ENVIRONMENT	
<input type="checkbox"/>	Deficient Orientation Training	<input type="checkbox"/>	Weather/Temperature Factors
<input type="checkbox"/>	Deficient Job Specific Training	<input type="checkbox"/>	Poor Housekeeping
<input type="checkbox"/>	Insufficient Training for New Process or Task	<input type="checkbox"/>	Poor Lighting
<input type="checkbox"/>	Lack of Supervisor Follow-up or Reinforcement	<input type="checkbox"/>	Poor Visibility
<input type="checkbox"/>	Lack of Supervisor Training	<input type="checkbox"/>	Air Quality
<input type="checkbox"/>	Lack of Employee Training	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Communication of Expectations	<input type="checkbox"/>	Visibility of Labels/Warning Signs
<input type="checkbox"/>	Communication of Rules/Policy	<input type="checkbox"/>	Visible and Audible Alarms
<input type="checkbox"/>	Hazards Overlooked in Training	<input type="checkbox"/>	

Personal Protective Equip (PPE)		FACILITIES/EQUIPMENT	
<input type="checkbox"/>	Available	<input type="checkbox"/>	Poor Facility Design
<input type="checkbox"/>	Required	<input type="checkbox"/>	Poor/Faulty Equipment or Design
<input type="checkbox"/>	Required PPE Not Used/Worn	<input type="checkbox"/>	Poor Workstation Design
<input type="checkbox"/>	Trained On How To Use	<input type="checkbox"/>	Equipment Not Guarded
<input type="checkbox"/>	Adequate Fit	<input type="checkbox"/>	Equipment Repair Deficient
<input type="checkbox"/>	PPE Not Used Adequately	<input type="checkbox"/>	Lack of Preventative Maintenance
<input type="checkbox"/>	Poor Condition	<input type="checkbox"/>	Employee Lack of Knowledge
<input type="checkbox"/>	Adequate for Job Performed	<input type="checkbox"/>	Equipment Failure
<input type="checkbox"/>	Lack of Supervisor Enforcement	<input type="checkbox"/>	Inadequate Inspection Timelines

STEP 3—CAUSES

From the categories identified above, circle the major cause or causes of the accident:

POLICIES/PROCEDURES

TRAINING

FACILITIES/EQUIPMENT

BLOODBORNE PATHOGEN

COMMUNICATION

PRODUCTIVITY FACTORS

ENVIRONMENT

HAZARDS

WORK BEHAVIORS

PERSONAL PROTECTIVE EQUIP



Comments Related to Investigation _____

STEP 4—ROOT CAUSE ANALYSIS

Why Did This Happen?								
WHY...?								
WHY...?								
WHY...?								
WHY...?								
How Can This Be Prevented? (Develop Safety Policy, Enforce Safety Policies, Follow Safety Policies, Develop Training, Additional Training, etc...)								
<p>Steps For Corrective Action and Projected Completion Date:</p> <p>Engineering Controls—Eliminate/ reduce hazards through equipment redesign, enclosure, replacement, substitution, etc.</p> <p>Administrative Controls—Eliminate/ reduce frequency and duration of exposure through (1) changes of work procedures and practices, and/or (2) scheduling, job rotation, breaks, etc. 3) Training 4) Additional Training</p> <p>Personal Protective Equipment—for personal use that presents a barrier between worker and hazard.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">1)</td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>2)</td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>3)</td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> <tr> <td>4)</td> <td style="text-align: right;">Est. Completion Date _____</td> </tr> </table>	1)	Est. Completion Date _____	2)	Est. Completion Date _____	3)	Est. Completion Date _____	4)	Est. Completion Date _____
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2)	Est. Completion Date _____							
3)	Est. Completion Date _____							
4)	Est. Completion Date _____							

The following persons have participated in the accident investigation and root cause analysis and are aware of the findings:

Risk Manager	Date	Witness	Date
Supervisor	Date	Witness	Date
Employee	Date	Witness	Date

Pursuant to County Employer Group Policy, a WSI First Report of Injury (FROI) must be completed and filed with in 24-hours. This accident investigation report needs to be faxed to NDACo in four business days.

WITHIN 4 DAYS of the DATE of INJURY—FAX TO JENNIFER or MIKE AT 701-328-7308
Questions? Call Your Risk Manager or Jennifer 328-7329 or Mike 328-7330 at NDACo