

Accident Investigation/Root Cause Analysis

Complete This Report if Injured Employee Seeks Medical Attention

Count	y Date of Injury_		AM/F	M
Emplo	oyee		WSI Claim Number	
Please	e indicate the location of the accident			
			happen, and explain the nature of the injury	
			was being used at the time of the accident	
Was tl	he employee working alone? Witne	ess Na	me(s)	
How r	much experience did the employee have in	perfor	ming this task?	
	Don't be limited by the categories list	identii ed—ac	Root Cause Sying the factors that led to the accident. Id items as needed. Check all that apply. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	~
$\stackrel{\sim}{1}$	POLICIES/PROGRAMS		COMMUNICATION	Ť
- N	Not Developed or Inadequate	•		\dashv
	Developed and Communicated		Lack of Worker Communication	
	Developed—Not Communicated		Lack of Supervisor Instruction	1
	Developed-Not Followed/Enforced	•	Sufficient Supervisor Instruction	1
	Developed—Not Understood	-	Confusion After Communication	T
• I	Lack of Disciplinary Policy	-	Lack of Understanding of Task	T
• I	Disciplinary Policy Not Enforced	-	Work Team Breakdown	Ī
	HAZARDS		BLOODBORNE PATHOGEN	
	Unidentified or Not Labeled	•	Unaware/Aware of Air Borne Hazard	_
	Known But Not Corrected	•	Stuck With Contaminated Needle	
	Known But Not Reported	-	Client Contact/Exposure	_
	Created by External Factors	-	Inmate Contact/Exposure	
	Known But Not Reported	-	Sharps Container Not Available	
• (Condition Changed Not Conveyed	-	Improper Cleanup	

Contaminated Waste Not Labeled

Equipment Repaired Deficiently

PPE Not Adequate or Defective

	PRODUCTIVITY FACTORS		WORK BEHAVIOR	
• I	Heavy Workload	٩	Shortcuts Taken	
- 1	Γight Schedule To Complete Task	1	Deviations-Common, Allowed etc	
• I	Long/Unusual Working Hours	٩	Special Infrequent Task	
• I	Falsely Perceived Need to Hurry	٩	Tool/Equipment Used Improperly	
	Staff Assistance Unavailable	٩	History of Accidents/Incidents	
	Staff Assistance Inadequate	٩	Disregard/Refused to Follow Procedure	
- (Changes in Process	٩	Staff Assistance Required	
- 7	Was Employee III?	4	Horseplay	
- N	Medication, Drugs, Alcohol Factors	4	Repetitive or Physically Demanding	
• I	Double Shift	4	Going On/Coming Off Vacation	

	TRAINING		ENVIRONMENT	
•	Deficient Orientation Training	1	Weather/Temperature Factors	
•	Deficient Job Specific Training	٩	Poor Housekeeping	
-	Insufficient Training for New	4	Poor Lighting	
	Process or Task			
-	Lack of Supervisor Follow-up or	•	Poor Visibility	
	Reinforcement			
•	Lack of Supervisor Training		Air Quality	
•	Lack of Employee Training	1	Noise	
•	Communication of Expectations	1	Visibility of Labels/Warning Signs	
•	Communication of Rules/Policy	1	Visible and Audible Alarms	
•	Hazards Overlooked in Training	1		

	Personal Protective Equip (PPE)			FACILITIES/EQUIPMENT
•	Available	•	٩	Poor Facility Design
•	Required	•	•	Poor/Faulty Equipment or Design
•	Required PPE Not Used/Worn	•	4	Poor Workstation Design
•	Trained On How To Use	•	4	Equipment Not Guarded
•	Adequate Fit	•	4	Equipment Repair Deficient
•	PPE Not Used Adequately	•	1	Lack of Preventative Maintenance
•	Poor Condition	•	1	Employee Lack of Knowledge
•	Adequate for Job Performed	•	1	Equipment Failure
•	Lack of Supervisor Enforcment	•	4	Inadequate Inspection Timelines

STEP 3—CAUSES

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

PRODUCTIVITY FACTORS
ENVIRONMENT
HAZARDS
WORK BEHAVIORS
PERSONAL PROTECTIVE EQUIP

<><><>	><><><>	><><>	·<><><><>	><><><>
Comment	s Related to Invo	estigation		

STEP 4—ROOT CAUSE ANALYSIS

Steps For Corrective Action Engineering Controls—Eliminate/rec Administrative Controls—Eliminate/ and practices, and/or (2) scheduling, jol Personal Protective Equipment—for 1) 2) 3) 4) The following persons have analysis and are aware of the Risk Manager Supervisor	duce hazards through equive frequency and duble rotation, breaks, etc. 3) personal use that present	ipment redesign, enclosure, replaration of exposure through (1) ch Training 4) Additional Training is a barrier between worker and h Est. Co Est. Co Est. Co	anges of work procedures azard. mpletion Date mpletion Date mpletion Date mpletion Date
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	and Projected Co	ompletion Date:	
How Can This Be Prevented Develop Training, Additional Tra		olicy, Enforce Safety Policie	s, Follow Safety Policies,
WHY?			
Why Did This Happen?			

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.