USC University of Southern California

INCIDENT INVESTIGATION REPORT

Office of Environmental Health & Safety

PART I. PERSONAL IDENTIFICATION		
First Name:	Last Name:	Date of Birth:
USC ID # (10 digits):	Department:	Date of Hire:
Job Title:	Work Phone:	Home Phone:
Supervisor:	Title:	Work Phone:

Status: ☐ Active Faculty ☐ Emeritus ☐ Staff ☐ Temporary Worker ☐ Student Worker ☐ Student ☐ Volunteer ☐ Visitor ☐ Contractor ☐ Company

PART II. INCIDENT DESCRIPTION

☐ Injury ☐ Illness ☐ Near-Miss ☐ Incident Only ☐ Property Damage ☐ Approx. Amount $

FOR EH&S USE ONLY: ☐ **CalOSHA reportable** ☐ **NIH reportable** ☐ **Fatality** ☐ **First Aid or other non-recordable** ☐ **Medical treatment or other recordable** ☐ **Restricted Work** ☐ **Lost Work Day**

Incident Date:	Incident Time:	Date Reported:

Location: ☐ UPC ☐ HSC ☐ Keck ☐ VHH ☐ Norris ☐ Other

Building and Room:

Time Employee Began Work:

Employee Working Overtime: ☐ Yes ☐ No

Nature of Injury/Illness:

☐ Back Sprain/Strain	☐ Burn	☐ Contusion/Bruise	☐ Ergonomic (CTD)
☐ Cut/Laceration	☐ Fracture	☐ Concussion	☐ Needlestick/Puncture
☐ Respiratory	☐ Amputation	☐ Emotional Stress	☐ Other

Type of Incident:

☐ Struck By	☐ Struck Against	☐ Contacted By	☐ Contact With
☐ Exposure (chemical)	☐ Exposure (biological)	☐ Same Level Fall	☐ Different Level Fall
☐ Exposure (work environment)	☐ Animal – Species	☐ Other	

Describe how incident occurred (specific task):

Step-by-step events leading up to incident (what employee was doing just before the incident):

Specific body part affected:

Equipment/materials involved:

Unusual condition(s):

Witness name(s) and phone number(s)	
Treatment given at: ☐ Student Health Center ☐ HCC II ☐ Emergency Room ☐ Hospital Admittance ☐ Other	
Date of initial medical evaluation:	Physician name and phone:
How many days off work?	☐ No lost time
How many days on modified work?	☐ No restrictions

PART III. CONTRIBUTING FACTORS

Contributing Actions: ☐ No contributing actions	**What caused or influenced contributing actions:** ☐ N/A
☐ Operating without necessary training	☐ Unaware of job hazards
☐ Failure to make secure	☐ Inattention to hazard
☐ Operating at unsafe speed	☐ Unaware of safe method
☐ Inadequate warning/signal	☐ Tried to gain or save time
☐ Used defective equipment	☐ Tried to avoid discomfort
☐ Used wrong equipment	☐ Fatigue
☐ Used equipment unsafely	☐ Influence of illness
☐ Did not lock/tag equipment or shut down equipment properly	☐ Influence of emotions
☐ Improper position/posture	☐ Job skill not adequate
☐ Used improper PPE or didn't wear PPE	☐ Unknown factors
☐ Other	☐ Other
Contributing Conditions: ☐ No contributing conditions	**What caused or influenced contributing conditions:** ☐ N/A
☐ Inadequate guard/safety device	☐ Caused by contractor/vendor
☐ Inadequate warning system	☐ Caused by another individual
☐ Fire or explosion hazard	☐ Defective from normal use
☐ Unsecured against movement	☐ Faulty design/construction
☐ Poor housekeeping	☐ Defective from abuse/misuse
☐ Hazardous arrangement/storage	☐ Inadequate housekeeping/clean up
☐ Defective tools/equipment	☐ Management acceptance
☐ Inadequate or no ventilation	☐ Inadequate or no preventive maintenance
☐ Other	☐ Other

PART IV. ROOT CAUSE ANALYSIS – Required for all Recordable cases

Identify significant events that caused the incident:

PART V. CORRECTIVE/PREVENTIVE ACTION(S)

Identify any corrective actions taken and recommended actions to prevent similar incidents. Check all that apply.

☐ Conduct ergonomic evaluation	☐ Provide initial/refresher training	☐ Assess newly identified hazard(s)
☐ Evaluate equipment/facility condition	☐ Post safety signage in area	☐ Review as job performance issue
☐ Provide appropriate PPE	☐ Review inspection and/or maintenance program	☐ Change formal work procedure
☐ Provide appropriate tools/equipment	☐ Review formal work procedure	☐ Other:

Corrective/Preventive Action(s)	Action assigned to	Estimated Completion Date	Actual Completion Date

Prepared By:	Signature	Date
Name:		
Title :		

PART VI. ATTACHMENTS – Supporting Documents

Add Documents

Click the "Add Documents" button to add supporting documentation (.docx; *.pdf; *.xlsx; etc.). Documents will appear in "Attachments" window in Acrobat Reader.*

PART VII. ATTACHMENTS – Photos		

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