



Incident Investigation Form (SU-17B)

- Injury
- Incident
- Both injury and incident
- Close call / near hit

The SLAC supervisor / UTR / POC of the area where the event occurred must complete this form and submit it **within 3 business days** as indicated below. Be as specific as possible and include drawings, photos, additional narrative, as needed.

PNR #

Injury incidents: Ensure that the injured party goes to SLAC Medical to complete an Employee First Report of Injury Form SU-17A within 24 hours of the incident. If the injured party is a non-employee, the supervisor / UTR / POC completes the SU-17A if the non-employee does not. Submit this completed form to the SLAC workers' compensation administrator, Human Resources Department, Mailstop 11. For additional information, see <http://www-group.slac.stanford.edu/hr/wc/>.

Non-injury incidents: Send original to the ES&H incident investigation program manager, ES&H Division, Mailstop 84. (For additional information, see the ES&H Manual, Chapter 28, "Incident Investigation": <http://www-group.slac.stanford.edu/esh/general/incident/policies.htm>)

Non-injury accident involving a government-owned vehicle: report directly to SLAC Site Security (ext. 5555) and do not complete this form.

SUPERVISOR CONTACT INFORMATION

Supervisor / investigator / UTR / POC name:		Title:	Directorate / dept:	Ext:	Mailstop:
Date of incident: (mo/day/yr)	Time of incident: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Time of first knowledge of incident::	Date of report:		

Subcontractor involved? If yes, name and contact information.....

INJURED PARTY

If no injury, check box and skip this section. <input type="checkbox"/> No injury	Injured party's name:	Injured party's contact information:
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Injury description:

WITNESSES AND/OR WITNESS STATEMENT

Witnesses (name and contact information)	Witness statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
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PROPERTY DAMAGE

List property / material damaged (use control numbers if available):	Nature of damage:
Object / substance inflicting damage:	Approximate cost:

THE INCIDENT

Required analysis type (to be determined by incident investigation program manager)

- Root cause analysis Apparent cause

Describe what happened.

Investigate scene of incident or conditions. Describe who was involved, when and where the incident happened, what happened, and how. (In addition, check events and substandard conditions boxes on next page.)

Why did it happen?

What actually caused the illness, injury, or incident?

List immediate actions taken and results.

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What should be done to prevent a recurrence?

Use descriptive constructive statements (such as: worker should wear safety glasses; worker needs training in lifting techniques; a ladder should have been used).

CORRECTIVE ACTIONS TRACKING SYSTEM ITEMS

List action(s) that have or will be taken to prevent a recurrence.

By whom

Scheduled date

Actual end date

List action(s) that have or will be taken to prevent a recurrence.	By whom	Scheduled date	Actual end date

JOB HAZARD ANALYSIS AND MITIGATION (JHAM) REVIEW

Is there a JHAM or non-routine JHAM that applies to the **task** being performed when the injury or incident occurred? Yes No

If yes, review the JHAM, answer the following questions, and attach a copy to this report.

If no, please explain why the JHAM did not include the task.

Were hazards sufficiently identified? If not, please explain. Yes No

Were identified controls adequate and implemented? If not, please explain. Yes No

Were the identified controls not implemented? If not, please explain. Yes No

AREA HAZARD ANALYSIS (AHA) REVIEW

Is an AHA available for this area? Yes No

If yes, review the AHA, answer the following questions, and attach a copy to this report.

If not, please explain.

Was the AHA available and reviewed by the injured party? Yes No

Is the AHA adequate for the hazards? If not, please explain. Yes No

Were adequate controls in place? Yes No

OCCURRENCE REPORTING AND PROCESSING SYSTEM (ORPS)

ORPS reportable? Yes No *(If yes, FMD completes this section, if no skip to authorizing signatures)*

ORPS #

ORPS title:

System/building/equipment:

Plant area:

Date discovered:

Time discovered:

Notifications *(name, date, time, organization)*

Date categorized

Time categorized

FMD *(name and signature)*

Significance category

a.m.

p.m.

ORPS reporting criteria

Group:

Subgroup:

Sequence:

Group:

Subgroup:

Sequence:

Group:

Subgroup:

Sequence:

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Cause codes (<i>List all that apply. See Workbook for Occurrence Reporting, Appendix F</i>)	Integrated Safety and Environment Management System (ISEMS) review (<i>Select step(s) that should be reviewed to prevent a similar incident.</i>) <input type="checkbox"/> Scope of work <input type="checkbox"/> Hazard analysis <input type="checkbox"/> Hazard control development and implementation <input type="checkbox"/> Work performed within controls <input type="checkbox"/> Continuous improvement feedback <input type="checkbox"/> Not applicable (as determined by management review)
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AUTHORIZING SIGNATURES

(Print and sign.)

Completed by (*name, title*)

(date)

Reviewed by (*name, directorate ES&H Coordinator*)

(date)

Investigation approved by (*name, Incident Review and Assistance Team chair*)

(date)

Investigation approved by (*name, ES&H Director / ES&H Deputy Director*)

(date)

Reviewed by (*name, Associate Lab Director*)

(date)