

THIS SIDE TO BE COMPLETED BY SUPERVISOR

19. CONTRIBUTING FACTORS OF INCIDENT/ACCIDENT/ILLNESS:

UNSAFE ACTIONS:

- DISTRACTION, TEASING, HORSEPLAY
- OPERATING WITHOUT AUTHORITY
- MAKING SAFETY DEVICES INOPERATIVE
- TAKING UNSAFE POSITION
- FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- OTHER: _____

UNSAFE CONDITIONS:

- INADEQUATE SUPERVISION
- DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE
- HAZARDOUS ARRANGEMENT
- SUB-STANDARD PHYSICAL CONDITIONING
- UNSAFE CLOTHING
- PREVIOUS INJURY
- HAZARDOUS OBSTACLES
- OTHER: _____

20. BACKGROUND:

ARE THERE ANY CONTRIBUTING FACTORS, SUCH AS LEVEL OF TRAINING, PERSONAL CHARACTERISTICS, HABITS, FAILURE TO ADHERE TO SAFETY POLICIES, ETC. THAT CAUSED THE INCIDENT/ACCIDENT/ILLNESS?

GUIDES TO CORRECTIVE ACTION

21. IF AN UNSAFE ACTION AND/OR CONDITION WAS IDENTIFIED, LIST CORRECTIVE ACTION TAKEN:

22. ADDITIONAL SUPERVISOR COMMENTS:

23. SUPERVISOR NAME (PRINT):

24. SUPERVISOR SIGNATURE:

25. DATE:

SAFETY COMMITTEE REVIEW

26. SAFETY COMMITTEE RECOMMENDATIONS:

27. SAFETY CHAIR SIGNATURE:

28. DATE: