

LIGO LIVINGSTON OBSERVATORY ACCIDENT and INCIDENT INVESTIGATION REPORT

The unsafe acts of persons and the unsafe conditions that cause accidents/incidents can be corrected only when they are specifically known. Future accidents can be prevented when we are able to find causes and take prompt corrective measures.

The original of this report is to be completed by the immediate supervisor and forwarded to the Operations Manager.

TYPE OF INVESTIGATION: Unsafe Condition Incident Accident Illness Property Damage

FACILITY/SITE LOCATION: _____

EMPLOYEE INVOLVED: _____ NORMAL JOB FUNCTION: _____
(last) (first)

ADDITIONAL EMPLOYEE INVOLVED: _____ NORMAL JOB FUNCTION: _____
(last) (first)

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____ AM / PM

JOB FUNCTION AT TIME OF INCIDENT: _____

NATURE OF INJURY/ PROPERTY DAMAGE: _____

WITNESS NAME AND STATEMENTS ON BACK OF PAGE.

HAD EMPLOYEE BEEN INSTRUCTED IN THIS WORK? YES NO BY WHOM? _____

HAD EMPLOYEE RECEIVED SAFETY ORIENTATION? YES NO WHEN _____

DESCRIBE FULLY HOW ACCIDENT/INCIDENT HAPPENED. (State what the injured was doing and circumstances leading to the accident/incident.)

FACTS (casual factors that directly contributed to the accident)

CONCLUSIONS / RECOMMENDATION (What actions should be taken to prevent a future similar occurrence?)

CORRECTIVE MEASURES (What actions have been taken to prevent a repeat accident?)

INVESTIGATORS NAME: (print) _____ SIGNATURE: _____

DATE REPORT PREPARED: _____

WITNESS NAME: _____ DATE: _____

WITNESS SIGNATURE: _____

WITNESS NAME: _____ DATE: _____

WITNESS SIGNATURE: _____

WITNESS NAME: _____ DATE: _____

WITNESS SIGNATURE: _____