



# Incident Report

## Instructions:

1. All safety incidents and “near-misses” must be documented by an incident report. Events that mandate an incident report include but not limited to: safety alarm triggers (true and false alarms); chemical spills; accidents involving humans or equipment; significant damage to hazardous equipment; explosions; fires; events that triggered an evacuation; gas-leaks; arcing; and unauthorized access.
2. All incident reports must be sent by dept. safety champion to OLSEH, either by email or uploaded to OLSEH website.
3. The goal of the incident report is to keep record for posterity. Repeated incidents should trigger change in procedure and policies.
4. Incident reports will be kept confidential, unless mandated otherwise by law or Institute administration.

## Specifics

1	Department	
2	Date	
3	Location	
4	Date and time	
5	Type of incident <i>(check what is applicable)</i>	a) Violation b) Alarm c) Accident d) Other
6	Incident spotted by	
7	Incident attended by <i>(ERT head of this event)</i>	
8	Current Status <i>(event is still active or resolved?)</i>	

## Brief Description of Event

With a reasonably detailed event timeline



## Action Taken

To resolve the event and to prevent them in the future

## Root Cause

What caused the event?

Machines/Equipment	Methods	Human Error	Environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Malfunction	<input type="checkbox"/> Lack of structured safety planning	<input type="checkbox"/> Lack of skill/knowledge	<input type="checkbox"/> Natural disaster
<input type="checkbox"/> Poor design	<input type="checkbox"/> Lack of policies or procedure	<input type="checkbox"/> Lax attitude	<input type="checkbox"/> Lightning
<input type="checkbox"/> Insufficient capacity or incorrect usage	<input type="checkbox"/> Lack of training	<input type="checkbox"/> Lack of ownership	<input type="checkbox"/> Heavy rain
<input type="checkbox"/> Subsystem failure	<input type="checkbox"/> Failure to follow procedures	<input type="checkbox"/> Lack of team spirit	<input type="checkbox"/> Flooding
<input type="checkbox"/> Poor maintenance	<input type="checkbox"/> Lack of periodic oversight/verification	<input type="checkbox"/> Fatigue, stress, etc.	<input type="checkbox"/> Pest infestation
<input type="checkbox"/> Obsolescence		<input type="checkbox"/> Poor communication	<input type="checkbox"/> Excessive vegetation
<input type="checkbox"/> Lack of safety infrastructure		<input type="checkbox"/> Poor management and oversight	

Others:

## Prevention Plan

What has-been/is-being doneto prevent this in the future

Department safety champion

faculty in-chargeDepartment Chairman