OLSEH Investigation Report

## Instructions:

1. Use this form for investigation against accidents/incidents/near misses.
2. At the time of investigation, department safety champion/laboratories PIs, victims and eye witnesses should be available with OLSEH officers on the incident site.
3. All Investigation reports must be sent to dept. safety champion /Concerned PIs either by email /hard copy
4. Investigation reports will be kept confidential, unless mandated otherwise by law or Institute administration.

Specifics

|  |  |  |
| --- | --- | --- |
| 1 | Name of department |  |
| 2 | Date of incident |  |
| 3 | Date of Investigation |  |
| 4 | Location |  |
| 5 | Type of incident  *(check what is applicable)* | 1. Violation 2. Alarm 3. Accident 4. Other |
| 6 | Investigation Done by |  |
| 7 | Was anybody injured | Yes No |
| 8 | Was Medical treatment provided | Yes No Not required |
| 9 | *Any Damage*  *Brief If Yes :-* | Yes No |
| 10 | Current Status  (*Event is still active or resolved?)* |  |
| 11 | OLSEH observations at the time of investigation on incident site |  |
| 12 | OLSEH Recommendations |  |

Brief Description of Event

With a reasonably detailed event timeline

Action Taken by department

Persons responsible for actionagainst OLSEH recommendations.

Root Cause

What caused the event?

**Investigation Done by**