Incident Investigation Reporting Policy

Purpose

Saint Joseph’s University recognizes that safety, health and environmental incidents can be prevented if the causes are identified and actions taken to prevent recurrence. This policy establishes the requirement that an investigation and root cause analysis be conducted and documented for all incidents resulting in actual or potential injury to employees, significant property damage or harm to the environment.

Requirement

An Investigation Form (see attachment A) must be submitted for each of the following incidents reported by the Office of Public Safety at Saint Joseph’s University:

- All incidents which result in an injury to Saint Joseph’s employees
- All incidents which have the potential to result in an OSHA recordable injury for an SJU employee. An OSHA recordable injury is one that results in lost time from the workplace.
- All incidents which have the potential for significant property damage or environmental impact
- All “near misses” which could have resulted in any of the above

Responsibilities:

Accident Investigation Reports are to be completed within seven work days of the incident by the injured employee’s supervisor. Supervisors who sign the form must complete all sections.

1.
Training

Supervisors must review and understand this procedure.

Follow-up

At the time of the Incident, the Office of Public Safety will determine the name of the injured employee’s immediate supervisor. The Office of Public Safety will then notify the immediate supervisor that an AI is required according to this procedure. The office of Public Safety will follow up with the supervisor until the AI is received by the individuals described in this procedure, no later than the date of the subsequent Workplace Safety meeting. The Accident Investigation Form will be distributed to all Workplace Safety Committee Members for discussion at the Workplace Safety Committee monthly meeting. Incidents will be reviewed to insure that Accident Investigations are conducted and forms submitted for each incident category listed in the Requirements section above.

Accident Investigation Forms which are missing will be recorded in the minutes and the Supervisor notified for corrective action. Accident Investigation forms considered incomplete will be returned to the Supervisor for correction and resubmittal.

Distribution:

Upon completion, the injured employee’s supervisor must forward copies of the accident investigation form to:

- The Public Safety Office, Assistant Director’s office
- The Department of Health, Safety and Environmental Compliance, Director’s office
- The Workplace Safety Committee-Chairman
- Human Resources—Workmen Compensation representative

The original Accident Investigation form will be filed with the Department of Health, Safety and Environmental Compliance, Director’s office

Effective September 1, 2007 Revised March 2012
## Supervisor’s Accident Investigation

### Loss Source Identification (continued)

<table>
<thead>
<tr>
<th>ACCIDENT CODE</th>
<th>INJURY</th>
<th>PROPERTY DAMAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fall from elevation</td>
<td>6. Cumulative trauma disorder</td>
<td>1. Fire or explosion</td>
</tr>
<tr>
<td>2. Fall same level</td>
<td>7. Electrical contact</td>
<td>2. Collapse</td>
</tr>
<tr>
<td>3. Struck by</td>
<td>8. Fumes, dust, gas, caustics, noise, etc.</td>
<td>3. Rupture or bursting</td>
</tr>
<tr>
<td>4. Caught in, under or between</td>
<td>9. Motor vehicle</td>
<td>4. Collision or overturn</td>
</tr>
<tr>
<td>5. Overexertion</td>
<td>10. Other (describe)</td>
<td>5. Other (describe)</td>
</tr>
<tr>
<td>Push/pull</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lift/lower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carry/load</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACCIDENT CAUSE ANALYSIS (CHECK ALL THAT APPLY)

- Inadequate safeguards:
  - Lack of handling or safety devices; unsafe design; unguarded machinery; lack of safe work

- Improper or defective equipment:
  - Poorly maintained, broken, cracked, rough, slippery, worn equipment; inappropriate personal protective equipment

- Location hazards:
  - Poor layout; congestion; insufficient space for storage; poor lighting, etc.

- Poor ergonomics:
  - Heavy lifting, poor workstation design; excessive bending, twisting or reaching; inadequate tools; poor controls/controls

- Poor housekeeping:
  - Improper piling or placing; clutter, spillage or breakage

- Not otherwise classified

Based on the Supervisor’s report, a concise statement commenting on who (department/occupation) was injured; what equipment, tools, etc. were involved; how, where and why the injury occurred; and whether the suggested corrective action is complete enough to prevent recurrence.

### COMMENTS BY MANAGER


### SIGNATURES BY SUPERVISOR AND EMPLOYEE

I have discussed this incident with my employee.  
Signature of Supervisor  
Date

I have discussed this incident with my supervisor.  
Signature of Supervisor  
Date

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ATTACH ANY PHOTOS OR DOCUMENTATION