



Occupational Health and Safety

For the Office and also for the
Field

Incident Investigation Report

- ✓ This report can be filled out by anyone who was around or witness the incident.

INCIDENT INVESTIGATION REPORT					OSHA 300 RECORDABLE <input type="checkbox"/>
CASE NO: _____					(Office Use Only)
Employee Involved	Gender	Date of Birth	Date Hired	Date of Incident	
Person Completing Report	Date of Report	Time Work Began AM/PM		Time of Incident AM/PM	
Type of Incident or Injury <small>check all that apply</small> <input type="checkbox"/> Minor <input type="checkbox"/> Near Miss (No Injury) <input type="checkbox"/> Serious <input type="checkbox"/> Property Damage (Over \$500) <input type="checkbox"/> Disabling <input type="checkbox"/> Property Damage (Under \$500)		Was the employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, County and State in which the incident occurred: _____					
If treatment was given away from the worksite, where was it given? Facility _____ Street _____ City _____ State _____ Zip _____			Name of physician or other health care professional: _____ Who else witnessed this incident? _____ If Employee died, when did death occur? _____		
Where did the incident take place? <small>Include the property owner's name (if applicable) and the physical location (e.g., test platform for Unit 1 Stack, warehouse floor, etc.)</small>					
What was the employee doing just before the incident occurred? <small>Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key entry".</small>					
What happened? <small>Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."</small>					
What object or substance directly harmed the employee? <small>Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.</small>					

INCIDENT INVESTIGATION REPORT

OSHA 380 RECORDABLE ☐
CASE NO:
(CIRCLE USE CITY)

Employee Involved <u>Andres Puente</u>	Gender <u>M</u>	Date of Birth <u>9/8/80</u>	Date Hired <u>5/1/03</u>	Date of Incident <u>3/13/04</u>
Person Completing Report <u>Andres Puente</u>	Date of Report <u>3/13/04</u>	Time Work Began <u>7:30 AM</u>	Time of Incident <u>8:30 AM</u>	
Type of Incident or Injury <u>near miss</u> <input type="checkbox"/> Minor <input type="checkbox"/> Near Miss (No Injury) <u>QAS</u> <input type="checkbox"/> Serious <input checked="" type="checkbox"/> Property Damage (Over \$500) <input type="checkbox"/> Death <input type="checkbox"/> Property Damage (Under \$500)	Was the employee treated in an emergency room? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was the employee hospitalized overnight as an inpatient? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City, County and State in which the incident occurred: Facility <u>NA</u> Street _____ City _____ State _____ Zip _____				
Where did the incident take place? Include the property owner's name (if applicable) and the physical location (e.g., see platform for OSHA 306, warehouse floor, etc.) <u>I#45 N @ mile 112.</u>				
What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "loading a trailer while carrying rolling material"; "working overhead from ladder spikes"; "dilly computer key press." <u>Driving vehicle</u>				
What happened? Use an accurate injury occurred. Examples: "When ladder slipped on wet floor, worker fell 30 feet"; "Trailer was struck with chains when pinned ends during replacement"; "Worker developed vertigo as wife drove home." <u>The front driver's side tire of the vehicle blew out causing loss of control of the trailer it was pulling. The trailer detached from the truck and flipped. There was no damage to the truck besides the blown tire</u>				
What object or substance directly harmed the employee? Examples: "concrete floor," "machine," "nail gun saw." If this question does not apply to the incident, leave it blank. <u>NA</u>				

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August 2003

Incident Investigation Report (continued)

Have you eliminated the potential for future incidents? <input type="checkbox"/> Yes <input type="checkbox"/> No What needs to be done?
First aid administered / repairs being made, and by whom? <u>NA / TBD</u>
What personal protective equipment was being used? <u>NA</u>
Employee Involved Sign <u>Andres Puente</u> Date <u>3/13/04</u> Print <u>Andres Puente</u>
Supervisor of Employee Involved Sign <u>[Signature]</u> Date <u>3/13/04</u> Print <u>B. Brown</u>
Safety Officer Sign _____ Date _____ Print _____
INCIDENT REPORT MUST BE COMPLETED WITHIN SEVEN (7) DAYS OF OCCURRENCE AND FORWARDED TO HUMAN RESOURCES WITHIN ONE (1) WORKING DAY.

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August 2003



IIR Form

Where did the incident take place?

IH45 N @ mile marker 112

1. Was anyone hurt?

No

2. Who was driving?

Andres Puente

3. Was any other vehicle involved?

No. Just the truck and the trailer it was pulling were involved.

4. How fast were you travelling?

70-75 mph

5. What were the road conditions?

Normal

6. Were there any distractions inside the car?

There were no distractions at the time of the accident.

7. What lane were you in?

Left

8. Were there any other cars around?

No

9. What caused the accident and how?

The front driver's side tire of the vehicle blew out causing loss of control of the trailer it was pulling. The trailer detached from the truck and flipped. The only damage to the truck was the blown tire.

10. How could it have been prevented?

Could not have been.

They were traveling in the left lane 70 mph
 No other cars were around
 The front left of the truck dropped and the truck jerked to the left
 (not sure about whether the tire blew out first or during skid)
 Andres corrected the truck skid and got it going straight in lane
 Trailer started oscillating and skided left pulling the truck sideways
 Trailer flipped over and disconnected from pickup
 Truck spun sideways in road
 Trailer rolled 2 times and stopped on it's side in left lane (according to Gavin, Andres
 was watching the road)
 No one stopped other than to ask if they were OK. No names of witnesses
 Called 911, me then Eric
 No tickets, police report in a couple of days
 There was nothing he could do to prevent it.

Gavin's Interview
 No one else involved
 Andres was driving 70 mph in right lane
 Dry pavement, no rain, no distractions or cars nearby
 Were traveling straight in one lane
 Trailer started fishtailing to left. Could have been wind, tires, road, don't know
 When trailer came back, Andres corrected, but it kept fishtailing
 Front of truck dropped
 Truck swerved, Trailer came around sideways, caught on pavement and flipped (2 times
 in mirror)
 Yanked chains off truck
 Truck spun 180 degrees in lane.

ACCIDENT EXCHANGE INFORMATION

(Please Print)

DATE 03-13-04 TIME _____ AM/PM LOCATION 7145 N & 6117 1/2 WALKER
 (Road) (County)

RIVER: PYRRE, ANDRES LUPLE
 Full Name Address (Home Phone #) (Business Phone #)

YOUR VEHICLE
 Year Model Make License # State

OWNER OF VEHICLE
 Name Address (Home Phone #) (Business Phone #)


LIABILITY AGENT
 Name Address (Home Phone #) Business Phone #

ACCIDENT INVESTIGATOR: S. JAMES CORDELL II 911 (336) 294-1576 DPS-HP
 Name ID # Phone # Agency

INFORMATION CONCERNING THIS ACCIDENT CAN BE OBTAINED BY CALLING DPS HUNTSVILLE AT (936) 294-1576 OR (336) 294-
 577. THE SECRETARY WILL GIVE YOU INFORMATION REGARDING PURCHASING A REPORT IN PERSON.

Pictures of Accidents)



 <h1>CLEAN AIR ENGINEERING HAZARD REPORT</h1>							
TO:		FROM: <i>(customer name)</i>		DEPARTMENT:		PHONE:	
SUPERVISOR NOTIFIED		Related Operating Procedures		All Affected Employees Notified			
Date <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No		Date <input type="checkbox"/> Yes <input type="checkbox"/> No			
SUPERVISOR ACKNOWLEDGMENT							
I certify that I have reviewed the information contained in this hazard report and will take the necessary steps to ensure correction. * Further detailed on attachment <input type="checkbox"/> Yes <input type="checkbox"/> No							
Name:				Signature:			
Title:				Date: Time:			
MACHINE HAZARD: <i>(Narrative)</i> <i>(see attached for machine maintenance)</i>							
Has the Machine been reported to maintenance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Time: _____	
Has the Machine been Locked Out/Tagged Out?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Date/Time: _____	
DESCRIPTION OF HAZARD: <i>(Other than machine hazard)</i> <i>(Narrative)</i>							
CORRECTIVE ACTION RECOMMENDATIONS: <i>(Other than machine hazard)</i> <i>(Narrative)</i>							
Do Not Write Below This Line							
REPORT NUMBER:		ESTIMATED COMPLETION DATE:			DATE RECEIVED:		
FORWARDED TO:		DATE:		PERSON RESPONSIBLE:			

INVESTIGATION OF HAZARD		
IMMEDIATE ACTION(s) TAKEN		
FOLLOW-UP ACTION(s) TAKEN		
PERSON CONTACTED:	DATE:	TIME:
REMARKS		
NEW ESTIMATED COMPLETION DATE:		
PERSON CONTACTED:	DATE:	TIME:
REMARKS		
NEW ESTIMATED COMPLETION DATE:		
SUMMARY OF INVESTIGATION		
ACKNOWLEDGMENT		
I certify that I have investigated the hazards reported in this hazard report and will take the necessary steps to ensure correction of safety deficiencies noted.		
+ Further detailed as attachment: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Signature:	
Title:	Date:	Time:
REPORT FORM EXTENSION INFORMATION		ATTACHMENTS
Permitted Release Min	Location:	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Filed:	Filed By:	*See Following Page

[illegible][illegible]



Pre-Departure Vehicle Checklist Form

Inspector's Name: _____ Destination: _____
 Inspector's Signature: _____ Job No: _____
 Date: _____ Departing Mileage: _____
 Vehicle / Trailer No.: _____ / _____ Returning Mileage: _____

Driver Must Complete Checklist Prior to Departure to and from Job.

This form must remain in the vehicle and at all times during use of the vehicle. Upon return to the vehicle home base, remove the form(s) and file in the appropriate vehicle maintenance folder. If a trailer was used in the operation, one copy of this form should be sent under appropriate trailer maintenance folder.

Check each of the areas that apply to the vehicle and trailer, if applicable. If item does not apply, write "N/A" under the pass column.

ITEM		DEPART PASS	RETURN PASS	NEEDS ATTENTION
VEHICLE INSPECTION				
Coolant Level	(check level & add if necessary)			
Oil Level	(check level & add if necessary)			
Brake Fluid	(check level & add if necessary)			
Power Steering Fluid	(check level & add if necessary)			
Transmission Fluid	(check level & add if necessary)			
Wiper Fluid	(check level & add if necessary)			
Wiper Condition	(visual inspection)			
Headlight/Parking Lights	(verify operability of all lights)			
Signals, BU Lights, Brake Lights	(verify operability of all light lights)			
Horn	(verify operability)			
Brakes (Parking, Hydraulic, Trailer)	(verify operability)			
Rear Condition	(visual inspection)			
Tire Pressure	(measure each, correct if necessary)			
Tire Condition	(visual inspection)			
Lug Nuts	(visual inspection)			
Mirrors	(visual inspection, verify operability)			
Fire Extinguisher	(visual inspection, verify pressure)			
Flares and Roadside Emergency Kit	(visual inspection)			
First Aid Kit	(visual inspection)			
WSDS	(verify MSDS and records present)			
TRAILER INSPECTION				
Light/Signals	(verify operability of all signals)			
Rear Condition	(visual inspection)			
Tire Pressure	(measure each, correct if necessary)			
Tire Condition	(visual inspection)			
Lug Nuts	(visual inspection)			
Safety Chains	(connected & not crossed)			
Emergency Switch and Lanyard	(visual inspection)			
Trailer Electric Cables Connected	(visual inspection)			
Tongue Jack Fully Up	(visual inspection)			
Coupler Locking Pin	(visual inspection)			
Load Distributed & Secured	(visual inspection)			
Coupler Ball (Lubricated, Greasy)	(visual inspection)			
Doors & Vents Closed & Secured	(visual inspection)			

*Provide detailed comments on back of form



THE END.....

Safety First So You Can Be
Around To Do the Job Right!!