



INCIDENT INVESTIGATION REPORT

OSH – Form 1	Rev. 0
EFFECTIVE DATE: 21 October 2016	

INSTRUCTIONS: Submit this Incident Investigation Report to concerned college / department / unit within 7 working days after the incident. Furnish copy HRDO for CPU Personnel and VPSAO for students.

Date & Time Investigated Report No.

TYPE OF INCIDENT

<input type="checkbox"/> Near Miss	<input type="checkbox"/> Medical Treatment Injury	<input type="checkbox"/> Vehicular Incident	<input type="checkbox"/> Environmental Incident
<input type="checkbox"/> First Aid Injury	<input type="checkbox"/> Lost Time Injury	<input type="checkbox"/> Fire Incident	<input type="checkbox"/> Property Damage

INCIDENT INFORMATION

College/Department Involved:		Name of Affected Person:	
Place of Incident:		Designation:	
Date / Time of Incident:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated
Activity when incident happened:			

FACTS (Sequence of Events/Evidences)

INCIDENT INVESTIGATION (Root Cause Analysis)

Injury / Damage (Result of the Incident)	
Accident (Cause of the Injury)	
Immediate Causes (Unsafe Acts / Conditions)	
Basic Causes (Individual/Job Factors)	
Root Causes (Management Control)	

RECOMMENDED CORRECTIVE & PREVENTIVE ACTIONS FOR IMPLEMENTATION / VERIFICATION

Recommended Action	Recommended By	Accountability	Target Completion Date	Verify Implementation (Signature)	Follow Up on Effectiveness (Date/Status)

Reviewed by:

_____ **College/Department/Unit Head**

_____ **HRDO / OSH Officer**

_____ **OSH Committee Chairman / VP / President**