1. **GENERAL DATA**

Worker's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time in Company: \_\_ \_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience in this job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DESCRIPTION OF THE INCIDENT/ACCIDENT**

Date: \_\_\_ \_\_\_ Time: \_\_\_ Shift: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_ What activity was being performed?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DESCRIPTION OF THE FACTS (Where did it happen? How did it happen?)**

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1. **Why did it happen?**

Point out with an X the factors that intervened in the generation of the incident/accident. Remember that it is very important to accurately identify the factors that intervened in the event, this in order to be able to implement corrective actions immediately and accurately.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **PERSONAL FACTORS** |  | 1. **FACTORS RELATING TO THE ENVIRONMENT AND WORKPLACE** |  |
| Lack of experience in position |  | Lack or over-illumination |  |
| Physical impairment for the job |  | Lack or over-ventilation |  |
| Didn't follow orders from the superior |  | Poor ventilation |  |
| Improper use of company-provided PPE |  | Task with overload (rhythm, monotony, among others) |  |
| Non-use of company-provided PPE |  | Lack of communication/lack of explanation of the assigned task |  |
| Tension |  | Lack of order and cleanliness at the workplace |  |
| Poor motivation |  | Inadequate supervision |  |
| Lack of skill |  | Abuse and mistreatment |  |
| Others – Which? |  | Others – Which? |  |
| 1. **ACTIONS AND SUB-STRESS CONDITIONS** |  | 1. **TYPE OF CONTACT** |  |
| Using inappropriate tools and equipment |  | Hit against |  |
| Didn't secure the work area |  | Hit by |  |
| Didn't warn |  | Caught in |  |
| Speeding |  | Caught on |  |
| Overconfident |  | Caught between |  |
| Use of defective equipment |  | Slip |  |
| Inadequate location of equipment and tools |  | Fall to a different level |  |
| Inadequate lifting |  | Fall to the same level |  |
| Joking |  | Exertion |  |
| Influence of intoxicating drinks |  | Others - Which? |  |
| Noise exposure |  |  |  |
| Others – Which? |  |  |  |

Note: Any additional information please use the back of this sheet.

**CORRECTIVE MEASURES TO BE IMPLEMENTED**

In order to prevent incidents and/or work accidents from re-presenting, corrective measures are essential to ensure the well-being of workers, so regular monitoring should be made to work areas, equipment and work tools.

1. Responsible(s):

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1. Corrective measures to be implemented:

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1. Date of control and follow-up to corrective measures:

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1. **RESEARCH DATA**

Date of investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of the worker(s) interviewed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the person conducting the investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ANNEX** - DRAWING OR PHOTOGRAPH OF THE PLACE WHERE THE EVENTS OCCURRED