



**INSTRUCTIONS: SECTION III - VIII should be filled out and signed by Supervisor. Division Head should review and sign.**

**SECTION III - PERSONNEL ERROR CAUSES**

**INSTRUCTIONS:** In order to prevent future similar mishaps, it is necessary to discover the causes of a mishap. When unsafe actions occur, it is important to determine the facts surrounding a mishap. To assist with this information complete the following.

WAS PERSONAL PROTECTIVE EQUIPMENT ( <u>PPE</u> ) REQUIRED FOR THIS JOB?  Yes, what type? _____ No _____	IF YES, WAS PPE WORN?  Yes _____ No, ( <i>explain why</i> ) _____
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WHAT DID EMPLOYEE DO, OR FAIL TO DO, THAT CONTRIBUTED TO THE MISHAP? WHY WAS THERE A FAILURE? (*e.g., inadequate training; haste; inadequate/unavailable tools/equipment; distracted/inattentive; inadequate supervision*). EXPLAIN.

**SECTION IV - PROCEDURAL CAUSES**

WHAT WAS WRONG WITH THE PROCEDURE(S)? (*e.g., inadequate, not posted, not applicable*)

**SECTION V - ENVIRONMENTAL CAUSES**

DESCRIBE THE CONDITION (*e.g., wind, rain, snow, ice, excessive heat, or not applicable*) AND HOW IT AFFECTED THE MISHAP.

**SECTION VI - UNSAFE CONDITIONS**

DESCRIBE THE UNSAFE CONDITION AND TELL HOW IT AFFECTED THE MISHAP. (*e.g., inadequate ventilation, improper lighting, deteriorated ladder, or not applicable*)

**SECTION VII - EQUIPMENT**

LIST EQUIPMENT THAT CONTRIBUTED TO THE MISHAP. ENTER WHY AND HOW EQUIPMENT FAILED. (*e.g., not grounded, misaligned, or not applicable*).

**SECTION VIII - CORRECTIVE ACTION**

DESCRIBE ACTIONS TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF MISHAP. (*Another mishap will occur if the unsafe act is repeated or if the unsafe condition is allowed to exist.*)

SIGNATURE OF SUPERVISOR	DATE	PHONE NO.	CODE
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TITLE

SIGNATURE OF DIVISION HEAD	DATE	PHONE NO.	CODE
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**TO EXPEDITE PROCESSING, SEND THIS TO SAFETY (CODE 3540) NOT TO EMPLOYEE RELATIONS**