

Supervisor's Root Cause Investigation Report

PART A			
Case Number	Date of Loss	Date of Report	Supervisor Name and Contact Number
Name of Employee and Contact Number		Department Name and or division	
PART B			
List property/equipment damaged		Nature of damage:	
		Object/substance inflicting damage:	
PART C			
Casual Factors and Corrective Actions. Check ALL that apply. Unsafe acts and conditions that contributed to the accident.			
EQUIPMENT - Root Causes		ENVIRONMENT - Root Causes	
<input type="checkbox"/> Electric Hazard <input type="checkbox"/> Equipment Defect <input type="checkbox"/> Steps, Stairs <input type="checkbox"/> Welding <input type="checkbox"/> Safety Devices <input type="checkbox"/> Sidewalk <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Inoperable <input type="checkbox"/> Ladders <input type="checkbox"/> Chemical Hazard <input type="checkbox"/> Equip. Inadequate <input type="checkbox"/> PPE <input type="checkbox"/> Hand Tool <input type="checkbox"/> Other List _____	<input type="checkbox"/> Fire Hazard <input type="checkbox"/> Tight Working Area <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Snake <input type="checkbox"/> Uneven Ground <input type="checkbox"/> Poor Houskeeping <input type="checkbox"/> Spider <input type="checkbox"/> Poor Footing <input type="checkbox"/> Weather Conditions <input type="checkbox"/> Insects <input type="checkbox"/> Release - Chemical <input type="checkbox"/> Other List _____		
Motor Vehicle		BEHAVIOR/PEOPLE - Root Cause	
<input type="checkbox"/> Collision w/other vehicle <input type="checkbox"/> Collision w/ fixed object <input type="checkbox"/> Rear ended another vehicle <input type="checkbox"/> Backing up <input type="checkbox"/> Rear ended by third party <input type="checkbox"/> While parking <input type="checkbox"/> Other _____		<input type="checkbox"/> No lockout Used <input type="checkbox"/> Safety Device Bypassed <input type="checkbox"/> Equipment Used Incorrectly <input type="checkbox"/> Unsafe Act <input type="checkbox"/> Distraction/Haste <input type="checkbox"/> PPE not worn <input type="checkbox"/> Safety Rules Ignored <input type="checkbox"/> Violence <input type="checkbox"/> Unaware of surroundings <input type="checkbox"/> Other _____	
List immediate corrective actions taken and results. (i.e. counseling, training, oral /written warning, disciplinary action)			
What should be done to prevent a recurrence? (Be specific as to what would prevent the injury, incident or damage from occurring again)			
Completed by:			
Name(s)		Date:	

Provide a copy of this form to Risk Management within 2 days of the accident.
 Fax to: (956)-523-5012 or Email to: egaraiza@webbcountytexas.gov