

Susquehanna Conference - Incident Investigation Report

Everyone needs to work collaboratively to prevent injuries to employees, volunteers, guests and/or congregants. If an injury does occur it is essential that injured parties obtain timely medical care. It's also essential that a Supervisor or equivalent conduct a thorough investigation. The results of this incident investigation will assist your Conference Safety Committee identify needed safety improvements which in turn will improve the safety and effectiveness of the Susquehanna Conference and all of its entities, operations, and churches. We thank you for your continued effort to improve safety across the Conference.

Following an incident it is important to:

- Show concern and respond to the immediate needs of injured person(s) (emotional, medical, notification of relatives, transportation, etc.). Safely secure the area to prevent further incidents.
- Begin your review of the incident scene as soon as possible. Take photos of the area (not the injured person), gather evidence, and have witnesses complete written statements, etc., and complete this form.
- Investigations are not conducted to assign blame, but rather, to find facts in order to identify the root cause and needed corrective actions.
- Conduct employee/witness interviews individually at the accident scene and in a non-threatening environment. Ask open-ended questions such as "What did you observe?" and then do not interrupt respondents.

1. Report Completed By: (Supervisor or equivalent) _____ Date: _____

Name of Injured Person	Job Title (if employee)	Classification <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Volunteer <input type="checkbox"/> Guest	Location of Incident (Church Name and District)
Specific location (nursery, meeting room, etc.)	Date & Time Incident Occurred	Date Injury Reported	Contact Information of Supervisor (phone and email)
Task Performed when Injured	Any Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach Statements	Was Task (Check One): <input type="checkbox"/> Routine <input type="checkbox"/> Infrequent <input type="checkbox"/> New	How Long Employee/Volunteer?
Was <i>employee</i> directed to medical panel provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accident Evidence Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Comments:	

2. Nature of Incident (where did injury or property damage occur)? What part of body was injured, if any?

(e.g.; cut left thumb, broken right arm, strained lower back, etc.):

3. Severity of Injury/Illness (select one)

4. Type of Incident (select appropriate type(s))

- | | |
|---|---|
| <input type="checkbox"/> "Near-Miss" Accident (no injury)
<input type="checkbox"/> First-Aid (in house treatment only)
<input type="checkbox"/> Minor Medical (initial doctor treatment, then release)
<input type="checkbox"/> Serious (partial disability, continuing medical care)
<input type="checkbox"/> Catastrophic (critical condition, severe disability, fatality) | <input type="checkbox"/> Employee Injury/Near Miss
<input type="checkbox"/> Volunteer, Congregant, Guest (non-employee) Injury/Near Miss
<input type="checkbox"/> Property Damage
<input type="checkbox"/> Motor Vehicle Accident (note, complete additional form located at SUSUMC.org/ Finance & Admin/Safety Committee/Motor Vehicle Accident Form) |
|---|---|

5. Mechanism of Injury

- | | | |
|---|--|---|
| <input type="checkbox"/> Slip/Trip/Fall onto same level
<input type="checkbox"/> Fall from height (ledge, platform, ladder, stairs)
<input type="checkbox"/> Caught In/On/Between (pinched, snagged, grabbed)
<input type="checkbox"/> Overexertion (strain from force, exhaustion)
<input type="checkbox"/> Respiratory Exposure | <input type="checkbox"/> Struck-Against (hit on, bumped into)
<input type="checkbox"/> Struck By (hit by something/someone)
<input type="checkbox"/> Repetitive Motion Condition
<input type="checkbox"/> Vehicle Accident
<input type="checkbox"/> Cut by sharp object (Knife, Blade) | <input type="checkbox"/> Contact With (Electrical, Chemical, Heat/Cold)
<input type="checkbox"/> Foreign Material in Eye
<input type="checkbox"/> Bio-hazard Exposure (needle stick, blood)
<input type="checkbox"/> Animal/Insect Bite
<input type="checkbox"/> Other: _____ |
|---|--|---|

6. Describe in Detail How the Incident Occurred

Comment on equipment/tools, materials, people, vehicles, or environmental factors (such as noise, lighting, heat, cold etc.) that may have contributed.

7. Protective Gear Used by Injured Employee/Volunteer (when incident occurred):

Specify any personal protective equipment (PPE) worn at time of incident (e.g.; hard hat, face shield, fall protection harness, respirator, gloves, etc.)

8. Immediate Causes of Incident (identify both behavior(s) and condition(s). Check as many as applicable

- Possible Behaviors/Work Practices Involved**
- Using Improper Equipment (wrong type/damaged)
 - Abuse or Misuse of Equipment
 - Removing Safety Devices or making them inoperable
 - Failing to Use personal protective equipment (PPE) or Seatbelts
 - Improper Placement or Storage of Materials (unstable)
 - Improper Handling Technique (grip, reach, posture)
 - Failure to Use Safe Lift Handling Equipment (carts, lifts, etc.)
 - Working on Equipment in Motion
 - Performing Work at Unsafe Speed or Pace
 - Not Authorized or Qualified to Perform Task
 - Failure to Isolate/Secure/Lockout Energized Equipment
 - Horseplay

- Physical Conditions Noted**
- Inadequate Guards/Barriers/Safety Devices
 - Inadequate or Improper Protective Equipment
 - Defective/Worn Tools or Equipment in Service
 - Congested/Restricted Area/No Separation
 - Fire or Explosion Hazard
 - Working Surface Unsafe (slippery, sloped)
 - Poor Housekeeping/Disorder
 - Hazardous Materials/Chemicals Used
 - Visibility Inadequate (dark, glare, obscured)
 - Heavy Work Uncontrolled
 - Poor Lighting
 - Weather (rain, snow, ice)

Other/Comments: _____

9. Root Causes of Incident (identify both personal factor(s) and management practice factor(s) Check as many as applicable

- Possible Personal Factors Involved**
- Knowledge Insufficient
 - Skill Insufficient
 - Experience Insufficient
 - Personal Issues
 - Other: _____

- Possible Management Practice Lacking**
- Leadership/Supervision/Enforcement
 - Building/Design
 - Process/Work Method
 - Tools/Equipment Provided
 - Hazardous Materials Alternatives/Controls
 - Training/Development
 - Hazard Identification/Evaluation

Other/Comments: _____

10. Preventive Measures to be Considered. Check as many as applicable

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> General Enforcement Improvement | <input type="checkbox"/> Housekeeping/ Disposal improvement | <input type="checkbox"/> Repair / Replace Equipment | <input type="checkbox"/> Formal Procedure Needed |
| <input type="checkbox"/> Training of Employee/Volunteer | <input type="checkbox"/> Substitute Safer Alternative Material | <input type="checkbox"/> Congestion / Traffic Improvement | <input type="checkbox"/> Work Method Improvement |
| <input type="checkbox"/> Individual Corrective Counseling | <input type="checkbox"/> Guards / Safety Devices Improved | <input type="checkbox"/> Supply / Purchasing Improvement | <input type="checkbox"/> Workstation Re-Design |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Engineering / Process Improvements | <input type="checkbox"/> Inspection / Maintenance Improvement | <input type="checkbox"/> Temperature Improvement |
| <input type="checkbox"/> Staffing / Hiring Stds. / Development | <input type="checkbox"/> Visibility / Illumination Improved | <input type="checkbox"/> Noise / Vibration Improvement | <input type="checkbox"/> Ventilation Improvement |
| <input type="checkbox"/> Rotation of Employees | <input type="checkbox"/> Storage / Arrangement Improvement | <input type="checkbox"/> Emergency Response Plans | <input type="checkbox"/> Discontinue / Eliminate Task |
| <input type="checkbox"/> Employee Awareness/Communication | <input type="checkbox"/> Provide Employee Incentive | <input type="checkbox"/> Safety Efforts Effectiveness | <input type="checkbox"/> Remove / Eliminate Hazard |
| <input type="checkbox"/> Job Re-Assignment of Employee(s) | <input type="checkbox"/> Remove Employee Disincentive | <input type="checkbox"/> Warning System provided | <input type="checkbox"/> Conduct Hazard Analysis |
| <input type="checkbox"/> Other/comments _____ | | | |

11. Specific Corrective Action(s) Taken

Person(s) Responsible	Target Date	Date Completed

12. Send Completed Report to the Following:

Program Director Jason Mackey:
jmackey@susumc.org OR at:
 303 Mulberry Drive
 Mechanicsburg, PA 17050

Your District Office:
Altoona: altoona@susumc.org; 1381 Plank Rd., Suite 104, Duncansville, PA 16635-8458
Harrisburg: harrisburg@susumc.org; 303 Mulberry Dr., Suite 200, Mechanicsburg, PA 17050
Lewisburg: lewisburg@susumc.org; 31 Baylor Blvd., Lewisburg, PA 17837
Scranton/Wilkes-Barre: scrantonwilkesbarre@susumc.org; 40 Knob Hill Rd., Trucksville, PA 18708
State College: statecollege@susumc.org; 1200 Haymaker Rd., State College, PA 16801
Williamsport: williamsport@susumc.org; 2420 Nottingham Rd., Williamsport, PA 17701
York: york@susumc.org; 1910 Kenneth Rd., Suite D, York, PA 17408

Safety Committee:
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