

Accident/Incident Investigation Report

ALL REPORTS MUST BE COMPLETED BY A MANAGER IMMEDIATELY

BUILDING NAME: _____ MANAGER NAME: _____

EMPLOYEE NAME: FIRST: _____ LAST: _____

LOCATION OF ACCIDENT/INCIDENT (ADDRESS AUTO ONLY): _____

DATE/TIME OF ACCIDENT/INCIDENT: _____ JOB TITLE: _____

ACCIDENT/INCIDENT TYPE:	AUTO	P I T	NEAR MISS
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TRUCK INFORMATION – REQUIRED FOR AUTO ACCIDENT:

YEAR _____ MAKE _____ MODEL _____ VIN# _____ PENSKE# _____

CLAIMAINT’S INFORMATION (WHO WE HIT) – REQUIRED FOR AUTO ACCIDENT:

YEAR _____ MAKE _____ MODEL _____ VIN# _____

NAME _____ PHONE# _____ EMAIL _____ Driver’s License# _____

DESCRIPTION OF ACCIDENT/INCIDENT: Describe step-by-step response from employee, on what took place leading up to the accident/incident, and immediately after.

ROOT CAUSE AND PREVENTION ANALYSIS

1. Was the Employee working alone? Yes ____ No ____ . If no, Name: _____.

2. How much experience did the employee have in performing this task? (Months/Years) _____.

STEP 1: Obtain and review all pertinent information related to the accident/incident investigation.

- Photographs/drawings
- Witness statements & Interviews/Employee Report of Accident/incident
- Policies/Programs/Procedures/Training Records/Pre-trip Inspection Log/Maintenance Records

STEP 2: Root Cause Analysis. Use this listing as and aid for identifying the factors that lead to the accident/incident. Check all that apply and use other as needed.

POLICIES/PROGRAMS	✓	COMMUNICATION	✓
Not Developed or Inadequate	<input type="checkbox"/>	Insufficient Planning for Tasks	<input type="checkbox"/>
Developed – Not Communicated	<input type="checkbox"/>	Lack of Worker Communication	<input type="checkbox"/>
Developed – Not Understood	<input type="checkbox"/>	Lack of Supervisor Instruction	<input type="checkbox"/>
Developed – Not Followed	<input type="checkbox"/>	Work Team Breakdown	<input type="checkbox"/>
Lack of Disciplinary Policy	<input type="checkbox"/>	Confusion After Communication	<input type="checkbox"/>
Disciplinary Policy Not Enforced	<input type="checkbox"/>		<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

TRAINING	✓	ENVIRONMENT	✓
Deficient Orientation Training	<input type="checkbox"/>	Weather, Temperature	<input type="checkbox"/>
Deficient Job-Specific Training	<input type="checkbox"/>	Poor Housekeeping	<input type="checkbox"/>
Insufficient Training for New Process/Task	<input type="checkbox"/>	Poor Lighting	<input type="checkbox"/>
Lack of Supervisor Follow-Up/Reinforcement	<input type="checkbox"/>	Poor Visibility	<input type="checkbox"/>
Lack of Supervisor Training	<input type="checkbox"/>	Air Quality	<input type="checkbox"/>
Hazards Overlooked in Training	<input type="checkbox"/>	Noise	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="text"/>		<input type="text"/>	

STEP 3: Cause(s). From the categories identified, check the major causes(s) of the accident/incident.

<input type="checkbox"/> POLICIES/PROCEDURES	<input type="checkbox"/> COMMUNICATION	<input type="checkbox"/> HAZARD(S)
<input type="checkbox"/> TRAINING	<input type="checkbox"/> POLICIES/PROCEDURES	<input type="checkbox"/> WORK BEHAVIOR
<input type="checkbox"/> FACILITIES/EQUIPMENT	<input type="checkbox"/> ENVIRONMENT	

STEP 4: Analysis of Root Cause – Conduct 5 whys:

Why did the accident/incident occur?

Why...?

Why...?

Why...?

Why...?

How can this be prevented?

Corrective Action: What actions will take place to prevent Employee from similar accident/incident in future?

Date Planned

Date Completed

Corrective Action: What actions will take place to prevent Workforce from similar accident/incident in future?

Date Planned

Date Completed

PHOTOS REQUIRED FOR AUTO AND PIT ACCIDENTS/INCIDENTS. ATTACH PHOTOS TO FINAL ACCIDENT/INCIDENT REPORT. IF PHOTOS ARE NOT AVAILABLE, PROVIDE EXPLANATION AS TO WHY BELOW.

Supervisor's Name & Signature

Date

Employee Name & Signature

Date

In the event of an auto crash, PIT incident or near miss incident, Report incident to Corporate level management (as soon as the local management is made aware of damage). All contact is to be with management's Regional Safety Representative (West-Tyler Ford **760-221-9694**, South-Lucero Garica **956-391-5634**, East-Michael Burrell **508-292-0030**) or Safety Director Rhyannah Bicondava **(714) 552-9015**. Complete accident/incident investigation report must be emailed to the Regional Safety Representative (West-Tyler Ford at tyler.ford@temcologistics.com), (South-Lucero Garica at lucero.garcia@temcologistics.com) (East-Michael Burrell at michael.burrell@temcologistics.com) Rhyannah Bicondova , Rhyannah.bicondova@temcologistics.com Mercedes Fonseca, mercedes.fonseca@temcologistics.com, by end of day unless otherwise directed by Rhyannah.