

# FACILITIES SERVICES INCIDENT INVESTIGATION

(All fields must be completed within 48 hours of incident)

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Name of Employee(s) Involved: \_\_\_\_\_ Penn ID#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Contact Number for Employee(s): \_\_\_\_\_

Location of Incident (Building/Room Number): \_\_\_\_\_

Was Employee working alone?  Yes  No If no, with whom? \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_

Describe Injury or Illness: \_\_\_\_\_

Did Employee(s) Receive Medical Treatment?  Yes  No

If yes, Where: \_\_\_\_\_ When: \_\_\_\_\_

Physical Damages: \_\_\_\_\_

Incident Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Factors Contributing to the Incident: (include weather when appropriate.) \_\_\_\_\_

\_\_\_\_\_

Protective Equipment: (Answer "Y" for yes, "N" for no and "N/A" for not applicable.)

	<u>Worn</u>	<u>Available</u>		<u>Worn</u>	<u>Available</u>
Gloves	_____	_____	Protective Clothing	_____	_____
Safety Glasses	_____	_____	Rubber Boots	_____	_____
Goggles	_____	_____	Slip Resistant Shoes	_____	_____
Face Shield	_____	_____	Steel Toe Shoes	_____	_____
Respirator	_____	_____	Other _____	_____	_____
Hard Hat	_____	_____	Other _____	_____	_____

What tools or equipment were being used? (Specify.)

Power Tools \_\_\_\_\_  Hand Tools \_\_\_\_\_

Ladder \_\_\_\_\_  Scaffolding \_\_\_\_\_

Other \_\_\_\_\_

What procedures were being used? (Check all that apply.)

Lockout/Tagout     Confined Space Entry     Other \_\_\_\_\_

If lifting was involved, what was being lifted? Specify: \_\_\_\_\_ Weight: \_\_\_\_\_

Actions Taken to Prevent Reoccurrence: \_\_\_\_\_

Supervisor who Perform Report: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Manager who Reviewed Report: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Director who Reviewed Report: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Copy Sent To EHRS \_\_\_\_\_ Date: \_\_\_\_\_

Comments received from EHRS on the Incident Report findings:

---

---

---

---

Date EHRS Comments Received: \_\_\_\_\_

Copy Sent to FES \_\_\_\_\_ Date: \_\_\_\_\_

Comments received from FES on the Incident Report findings:

---

---

---

---

Date FES Comments Received: \_\_\_\_\_