

| Cause Analysis | | | |
|--|---|---|---|
| Basic Causes: What specific personal or job factors caused or could cause this event? | | | |
| <u>Coding of Basic Causes</u> | | <u>Type of Contact</u> | |
| <u>Individual Factors</u> | <u>Work Factors</u> | | |
| <input type="checkbox"/> Knowledge | <input type="checkbox"/> Leadership | <input type="checkbox"/> Struck By | <input type="checkbox"/> Caught Between |
| <input type="checkbox"/> Skill | <input type="checkbox"/> Engineering | <input type="checkbox"/> Contacted With | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Purchasing | <input type="checkbox"/> Struck Against | <input type="checkbox"/> Fall to Below |
| <input type="checkbox"/> Physical Capability | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Contact With | <input type="checkbox"/> Fall to Same Level |
| <input type="checkbox"/> Mental Capability | <input type="checkbox"/> Work Standards | <input type="checkbox"/> Caught In | <input type="checkbox"/> Over Exertion |
| <input type="checkbox"/> Physical Stress | <input type="checkbox"/> Wear and Tear | <input type="checkbox"/> Caught On | <input type="checkbox"/> Others |
| <input type="checkbox"/> Mental Stress | <input type="checkbox"/> Abuse and Misuse | | |
| <input type="checkbox"/> Others | <input type="checkbox"/> Others | | |

| Corrective Action Plan |
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| What actions should be taken to avoid a recurrence of this type of accident. (State who, what, engineering changes, procedural changes or development, rules, regulations, specifications, specific training, etc.) Number each. |
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| Management Review and Approval | |
|---------------------------------------|-------|
| Manager/Supervisor: | Date: |
| Manager, Human Resources: | Date: |
| Director, Health, Safety & Training: | Date: |

| Comment Section |
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