

# Preventability Analysis

This form is to be used after an accident and near misses, whether resulting in injury or not.

Immediately upon completion, this form should be sent to: \_\_\_\_\_

Division/Branch/Department	Date of Accident	Time AM / PM	Date Reported	Supervisor Reported to
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## Person Injured

Name	Job Title	Nature of Injury	Location of Injury
Part of Body Injured	Type of Accident	Equipment, Object or Substance Causing Injury	

## Description of Accident

Describe how the accident occurred (use diagram if necessary):

## Witnesses

Name of Witness	Job Title	Department
Statement Taken:		

## Analysis

Check off **ALL** circumstances which may have contributed to incident

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lack of procedures                                   | <input type="checkbox"/> Equipment not maintained               | <input type="checkbox"/> Procedures not followed       |
| <input type="checkbox"/> Wrong equipment used                                 | <input type="checkbox"/> Procedures not known or understood     | <input type="checkbox"/> Poor equipment design         |
| <input type="checkbox"/> Task too difficult to perform                        | <input type="checkbox"/> Correct equipment not available        | <input type="checkbox"/> PPE not used or not available |
| <input type="checkbox"/> Location of employee                                 | <input type="checkbox"/> Training inadequate                    | <input type="checkbox"/> Temperature extremes          |
| <input type="checkbox"/> Distraction, emotions or fatigue                     | <input type="checkbox"/> Poor lighting                          | <input type="checkbox"/> Poor housekeeping             |
| <input type="checkbox"/> Inadequate ventilation                               | <input type="checkbox"/> Excessive vibration                    | <input type="checkbox"/> Excessive noise               |
| <input type="checkbox"/> Condition of work surface                            | <input type="checkbox"/> No management system to control hazard |  |
| <input type="checkbox"/> Supervision did not detect unsafe condition/behavior | <input type="checkbox"/> Lack of supervisor training            |  |
| <input type="checkbox"/> Supervision did not take corrective action           | <input type="checkbox"/> Lack of accountability for safety      |  |

Specific unsafe acts:
Hazardous conditions:

## Corrective Action

Action to be taken:
Action already taken:

Person doing the investigation: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_