

# LIGO LIVINGSTON OBSERVATORY ACCIDENT and INCIDENT INVESTIGATION REPORT

The unsafe acts of persons and the unsafe conditions that cause accidents/incidents can be corrected only when they are specifically known. Future accidents can be prevented when we are able to find causes and take prompt corrective measures.

The original of this report is to be completed by the immediate supervisor and forwarded to the Operations Manager.

TYPE OF INVESTIGATION:  Unsafe Condition  Incident  Accident  Illness  Property Damage

FACILITY/SITE LOCATION: \_\_\_\_\_

EMPLOYEE INVOLVED: \_\_\_\_\_ NORMAL JOB FUNCTION: \_\_\_\_\_  
(last) (first)

ADDITIONAL EMPLOYEE INVOLVED: \_\_\_\_\_ NORMAL JOB FUNCTION: \_\_\_\_\_  
(last) (first)

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_ AM / PM

JOB FUNCTION AT TIME OF INCIDENT: \_\_\_\_\_

NATURE OF INJURY/ PROPERTY DAMAGE: \_\_\_\_\_

WITNESS NAME AND STATEMENTS ON BACK OF PAGE.

HAD EMPLOYEE BEEN INSTRUCTED IN THIS WORK? YES NO BY WHOM? \_\_\_\_\_

HAD EMPLOYEE RECEIVED SAFETY ORIENTATION? YES NO WHEN \_\_\_\_\_

DESCRIBE FULLY HOW ACCIDENT/INCIDENT HAPPENED. (State what the injured was doing and circumstances leading to the accident/incident.)

FACTS (casual factors that directly contributed to the accident)

CONCLUSIONS / RECOMMENDATION (What actions should be taken to prevent a future similar occurrence?)

CORRECTIVE MEASURES (What actions have been taken to prevent a repeat accident?)

INVESTIGATORS NAME: (print) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE REPORT PREPARED: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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WITNESS SIGNATURE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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WITNESS SIGNATURE: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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WITNESS SIGNATURE: \_\_\_\_\_