

INCIDENT INVESTIGATION REPORT

Reference: T8 CCR 3203(a)(5)

INCIDENT DETAILS

Date of Incident: 2026-06-01 **Time:** _____

Jobsite: Trench excavation area, 200 feet from site entrance

Injured Person: John Smith **Title/Trade:** General Contractor

Supervisor: _____ **Phone:** _____

INCIDENT TYPE

Injury Illness Near-Miss Property Damage Environmental

SEVERITY

First Aid Only Medical Treatment Restricted Duty Lost Time Hospitalization

BODY PART AFFECTED

Head/Face Eyes Neck Back Shoulder Arm/Hand

DESCRIPTION OF INCIDENT

(What happened, what was the worker doing, what equipment/materials/conditions were involved)

Worker slipped on wet ground near trench edge. No injuries. Near-miss documented.

ROOT CAUSE ANALYSIS

- Unsafe Act** (Worker behavior that led to the incident)
- Unsafe Condition** (Physical condition of equipment, environment, or materials)
- Inadequate Training** (Lack of knowledge or skill to perform task safely)
- Inadequate Supervision** (Failure to observe, direct, or enforce safe practices)
- Equipment Failure** (Mechanical, electrical, or structural failure of equipment)
- Inadequate Procedure** (Missing, unclear, or inadequate work procedure)
- Management System** (Systemic failure in safety management, planning, or resources)

Root Cause Description:

CORRECTIVE ACTIONS

Action	Responsible	Due Date	Completed	Verified

WITNESSES

Name	Title/Trade	Phone	Statement Taken

Cal/OSHA REPORTING

- Serious injury/illness/death reported to Cal/OSHA within 8 hours (T8 CCR 342(a))
- Not a reportable incident
- OSHA 300 Log updated
- Workers' compensation claim filed

INVESTIGATION SIGN-OFF

Investigator: _____ Date: _____

Reviewed By: _____ Date: _____

Corrective Actions Verified By: _____ Date: _____