

APPENDIX 6.17-2  
INCIDENT INVESTIGATION REPORT

# Instructions for Completing the Incident Investigation Report

## Purpose

The purpose of this form is to document an injury or non-injury incident and to help in the Company's continuous improvement efforts to prevent injuries.

## INSTRUCTIONS

- **For Employee Incidents (full or part time)**

The first 5 sections must be completed for any work-related incident involving a Federal Power employee during work. (A separate form must be completed for each employee injured in a multiple-injury incident). Depending on the injury's severity, Section 6 may also have to be completed for Risk Management to appropriately file for worker's compensation benefits. Answer all questions as completely and specifically as possible. If no answer is available or the question does not apply, indicate so on the form. Attach supplementary pages for additional details, drawings, and sketches as needed. Send copies of the completed form, with any attachments, to the appropriate SIMS data enterer and worker's compensation coordinator. If an injury/illness results in a doctor visit, emergency room visit or other outside expense, send a copy of the completed form to the Risk Management department. If the employee is hospitalized or fatally injured, do not complete sections 3, 4, 5, or 6. Contact Risk Management immediately.

- **For Suppliers**

The first 5 sections of this report should be completed.  
Do not complete Section 6.  
Do not contact Risk Management for this type incident unless it involves a contractor/vendor being admitted to the hospital or if a fatality occurs.  
In either of these situations, follow the directions for public incident. Do not complete any other sections of this report.

- **For Public Incidents Occuring on Federal Power Premises or Jobsites**

Only Federal Power personnel should fill out the following portion of the IIR.  
Section 1 – 1, 3, 5, 6, 8, 13, 15, 18, 19, 20, 21, 23, 24, 25, 26  
Section 2 – 28, 29, 30, 31, 32, 33, 34

**STOP!** Do not fill out any other line on the IIR. Contact Risk Management and follow their direction.

## SECTION 1

- 1-6. Self-explanatory.
7. Best estimate.
- 8-9. Self-explanatory.
10. Job title (e.g. personal assistant, distribution line tech, control room operator).
11. If the injured was working out of his/her normal job assignment, list that job code.
12. Best estimate or defined period from doctor.
13. Self-explanatory.
14. Total number of months in the classification involved in the incident.
15. This is a 4-digit responsibility number that does not begin with zero and comes from the Responsibility Reporting Rollup Table. The approval numbers are in BookManager for each site.
16. This is a 4-digit responsibility number that does not begin with zero and comes from the Responsibility Reporting Rollup Table.
17. Full department name.
18. Normally used in nuclear facilities.
- 19a. Three-digit code normally used by PG locations.
- 19b. Indicate whether the incident occurred during an outage situation. For Customer Operations or Power Delivery, outage means storm duty or other abnormal conditions.
20. Be as specific as possible.
21. If there is any known or possible connection, be as specific as possible. If incident occurred indoors, specify. If outdoors, list temperature, humidity (if known), wind conditions, rain, fog, etc. Estimate if not known.
22. All recordable incidents in the injured's working career with Federal Power.
23. Were you seen by a doctor or other medical professional for this injury? If yes, list doctor's name, address, and phone number.
24. Were you ADMITTED to the hospital (not just visiting the emergency room)? If yes, hospital's name and address.
- 25-26. Self-explanatory.

- 48-51. Normally used by Power Generation Group; complete if applicable.
- 52-53. Self-explanatory.
54. If this incident is an illness, place the appropriate OSHA illness code in this field.

OSHA Illness Codes:

- 7A: Occupational skin diseases or disorders
- 7B: Dust diseases of the lungs
- 7C: Respiratory conditions due to toxic agents
- 7D: Poisoning (systemic effects of toxic materials)
- 7E: Disorders due to physical agents
- 7F: Disorders associated with repeated trauma
- 7G: All other occupational illnesses

#### **SECTION 4**

55. List in order of importance any recommendations to prevent recurrence.

#### **SECTION 5**

56. Complete this section as soon as possible. If sufficient root cause analysis has not already been performed, list additional details about the actual root cause of the incident here along with the follow-up of each item recommended in Section 4. It is critical that each individual recommendation in Section 4 be addressed in Section 5. If a recommendation was not followed, explain in detail the rationale.
57. Area/location manager's signature and date.

#### **SECTION 6**

THE FOLLOWING QUESTIONS RELATE SPECIFICALLY TO WORKER'S COMPENSATION ISSUES.

58. Includes rights-of-way, parking lots, etc.
- 59-99. Self-explanatory. Fill out with best available answers.

If a particular question has no answer, or if the question doesn't apply, please specify in each applicable blank.

Risk Management will use the information in Section 6, with data from the other parts of the incident investigation form, to complete the necessary state Worker's Compensation forms.

FEDERAL POWER

INCIDENT INVESTIGATION REPORT

<b>Instructions:</b>	Date of Incident: ____/____/____
<ul style="list-style-type: none"> <li>For an injury/illness resulting in a doctor or emergency room visit: complete entire report</li> <li>If the employee is hospitalized or fatally injured: contact Risk Management for instructions.</li> <li>For First Aid cases: complete all sections <u>except</u> Section 6.</li> </ul>	Time of Incident: _____ am _____ pm
	Social Security Number: _____ - _____ - _____
	Supplier Tax ID Number: _____ BLS Code: ( ) F(1) ( ) N(2) ( ) R(3) ( ) LR(4) ( ) LWCDAW(5) ( ) Fatality(6) ( ) First Aid Case(7)
For near miss or non-injury flash incidents, complete only shaded areas of this report.	( ) Near Miss(8) ( ) Electrical flash with no injury(9)
	STS Code: ( ) P ( ) C ( ) N

**Section 1**

1a. Supplier Name (where applicable): \_\_\_\_\_

1b. Name of injured employee: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

2. Week day \_\_\_\_\_ 3. Date of birth: mo/day/yr: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. ( ) Straight time ( ) Overtime 5. Sex: ( ) M ( ) F

6. Fatality? ( ) Yes ( ) No 7. Probable length of disability in days: \_\_\_\_\_

8. Injured's phone # and home address: \_\_\_\_\_ 9. Employment Date: \_\_\_\_\_

10. Employee's title and job class code: \_\_\_\_\_/\_\_\_\_\_

11. Job class code at time of incident (if different from #10): \_\_\_\_\_

12. Probable number of days of restricted duty: \_\_\_\_\_

13. Employment Category: ( ) Full-Time ( ) Part-Time ( ) Temporary ( ) Contractor ( ) Public

14. Number of months employee has worked in job class involved in incident? \_\_\_\_\_ (enter 0 for less than 1 month)

15. Location code # where injury occurred: \_\_\_\_\_ 16. Claim employee responsibility #: \_\_\_\_\_

17. Department name: \_\_\_\_\_ 18. Building/elevation (if applicable): \_\_\_\_\_

19a. Facility # (if applicable): \_\_\_\_\_ 19b. Outage related: ( ) Yes ( ) No

20. Specific location of incident: \_\_\_\_\_

21. Weather conditions: \_\_\_\_\_

22. Number of previous recordable injuries/occupational illnesses: \_\_\_\_\_

23. Doctor consulted: ( ) Yes ( ) No If yes, doctor's name, address and phone number: \_\_\_\_\_

24. Was employee admitted to hospital? ( ) Yes ( ) No If yes, name and address of hospital: \_\_\_\_\_

*Note: IF LINE 23 OR LINE 24 IS ANSWERED YES, COMPLETE SECTION 6 OF THIS REPORT. IF NEITHER IS ANSWERED YES, OMIT SECTION 6.*

25. Names and social security number of others injured in the same incident (if applicable): \_\_\_\_\_

26. Names and addresses of witnesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

38. Unsafe Condition:

- |   |   |
|---|---|
| (1) Poor ventilation and/or lighting    | (2) Unsafe design and/or construction                 |
| (3) Poor and/or defective equipment     | (4) Hazardous arrangement/storage                     |
| (5) Slip hazard (water, oil, mud, etc.) | (6) Chemical leak/spill                               |
| (7) Hot uninsulated surface             | (8) Pinch hazard                                      |
| (9) Trip/bump hazard                    | (10) Inadequately guarded machine                     |
| (11) No procedure                       | (12) Procedures less than adequate                    |
| (13) Specific procedure not available   | (14) Hazardous exposure (chemicals, poison ivy, etc.) |
| (15) Other (list) _____                 |   |
| (16) Poor visibility                    | (17) Animal/insect                                    |

39. Type of injury/illness: (Check all that apply; circle primary type)

- |   |                          |   |                         |
|---|--------------------------|---|-------------------------|
| (1) Amputation  | (2) Asphyxia             | (3) Burn/scald (heat)                                   | (4) Burn (chemical)     |
| (5) Concussion  | (6) Contagious disease   | (7) Contusion   | (8) Crushing/pinching   |
| (9) Bruise/cut/laceration                                   | (10) Puncture/open wound | (11) Dermatitis/skin irritation/rash                    | (12) Dislocation        |
| (13) Electric Shock   | (14) Electrocutation     | (15) Fracture   | (16) Freezing/frostbite |
| (17) Hearing loss/impairment                                |                          | (18) Heat stroke/sunstroke/heat cramps, heat exhaustion |                         |
| <b>(19) Hernia*</b>   |                          | <b>(20) Rupture</b>                                     |                         |
| <b>(21) Inflammation or irritation of joints/tendonitis</b> |                          | (22) Poisoning  |                         |
| (23) Asbestos, silicosis, etc.                              |                          | (24) Scratches  |                         |
| (25) Abrasions (superficial wounds)                         |                          | (26) Sprains/strains                                    |                         |
| (27) Other (list) _____                                     |                          |   |                         |
| (28) Bloodborne pathogens contact                           |                          | <b>(29) Chronic muscle or joint pain</b>                |                         |
| (30) Flashburn/eye irritation                               |                          | (31) Animal/insect bite/sting                           |                         |
| (32) Respiratory irritation                                 |                          |   |                         |

40. Source of injury/illness: (Check all that apply; circle primary source)

- |  |  |
|--|--|
| (1) Air pressure                                 | (2) Animals/insects                              |
| (3) Bodily position or motion                    | (4) Boxes/containers                             |
| (5) Buildings/structures                         | (6) Chemicals/chemical compounds                 |
| (7) Clothing/apparel/shoes                       | (8) Coal/petroleum products                      |
| (9) Cold (atmospheric or environmental)          | (10) Conveyors                                   |
| (11) Drugs/medicine                              | (12) Electrical apparatus (overhead/underground) |
| (13) Electrical flame/fire/smoke                 | (14) Electrical flash (list voltage _____)       |
| (15) Electrical contact (list voltage _____)     | (16) Furniture/furnishings/fixtures              |
| (17) Office equipment                            | (18) Glass items                                 |
| (19) Hand tools (not powered)                    | (20) Hand tools (powered)                        |
| (21) Heat (atmospheric or environmental)         | (22) Heating equipment                           |
| (23) Hoisting or lifting apparatus/valves/chains | (24) Infectious agents                           |
| (25) Insulation fibers                           | (26) Knives/sharp instruments                    |
| (27) Ladders                                     | (28) Liquids                                     |
| (29) Mechanical power transmission apparatus     | (30) Metal items                                 |
| (31) Noise                                       | (32) Particles                                   |
| (33) Plants/trees/vegetation                     | (34) Pumps/prime movers                          |
| (35) Radiation substances and equipment          | (36) Soaps/detergents/cleaning compounds         |
| (37) Open neutral                                | (38) Loose/corroded connector                    |
| (39) Capacitor/transformer failure               | (40) Single phase                                |
| (41) Low/down wire                               | (42) Line in tree                                |
| (43) Voltage imbalance                           | (44) Underground cable failure                   |
| (45) Other (list) _____                          | (46) Dog bite                                    |
| (47) Hot/cold surface                            | (48) Walking surface                             |

\***Bold type** items checked may indicate ergonomic incidents. See "Ergonomics" for Line 41

