GATEWAY COMPANIES

ACCIDENT/INCIDENT INVESTIGATION REPORT

INCIDENT CLASSIFICATION			
❑ Occupational Injury ❑ Occupational Illness ❑ Fatality ❑ Days Away from Work ❑ Job Transfer/Restricted Duty ❑ Medical Treatment Beyond 1st Aid ❑ Loss of Consciousness	❑ Vehicle Accident ❑ Catastrophic ❑ Major ❑ Serious ❑ Light ❑ 3rd Party Injury	❑ Property Damage ❑ Product/Material ❑ Property ❑ Tools/Equipment ❑ Company Vehicle Damage ❑ Company Vehicle Loss	❑ Other ❑ Environmental ❑ Fire ❑ EHS Observation ❑ Near Miss ❑

DESCRIBE THE INCIDENT	
FACILITY OR INCIDENT ADDRESS:	EXACT TIME: DATE:

WHAT PART OF EMPLOYEE'S WORKDAY?

❑ Entering/Leaving Work ❑ During Meal Period ❑ Working Overtime

❑ Normal Work Activities ❑ During Break ❑ Other:

ATTACHMENTS:

Witness Statements	Photographs	Maps/Drawings
❑ YES ❑ NO	❑ YES ❑ NO	❑ YES ❑ NO

DEESCRIBE WHAT HAPPENED *(INCLUDE NAMES, EQUIPMENT, TOOLS, MATERIALS, PPE, AND OTHER IMPORTANT DETAILS):*

Attachment Sheet ❑

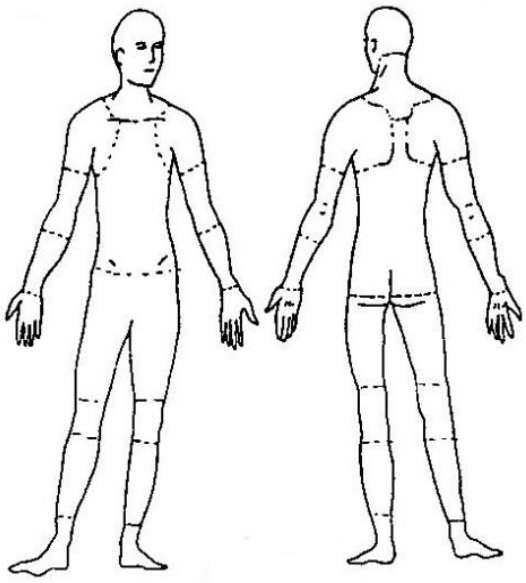
EMPLOYEE INFORMATION		
NAME OF INJURED PERSON/DRIVER	SSN	DATE OF BIRTH
ADDRESS	PHONE	GENDER
MARRIED OR SINGLE/SPOUCES NAME	DEPENDANTS/HOW MANY	INJURED BODY PART BEFORE?
COMPANY	DATE OF HIRE	YEARS IN JOB
JOB TITLE	HOURS ON DUTY	DAYS WORKED IN A ROW
	DRUG TEST GIVEN? ❑ YES ❑ NO	ALCOHOL TEST GIVEN? ❑ YES ❑ NO

WITNESS/THIRD PARTY INFORMATION			❑ N/A
NAME	RELATIONSHIP TO INCIDENT	CONTACT INFORMATION	WITNESS STATEMENT TAKEN?
			❑ YES ❑ NO
			❑ YES ❑ NO
			❑ YES ❑ NO
You may collect and record a witness's statement by utilizing the Gateway Witness Statement Form			

NOTIFICATION TO AUTHORITIES/GOVERNMENT AGENCY			❑ N/A
AGENCY	DATE	TIME	NOTIFIED BY

NATURE OF INJURY/ILLNESS ❑ N/A

PART OF THE BODY AFFECTED (mark all that apply)



- ❑ Abrasion
- ❑ Amputation
- ❑ Burn (Chemical)
- ❑ Burn (Heat)
- ❑ Chemical Irritation
- ❑ Cold Injury
- ❑ Concussion
- ❑ Contusion
- ❑ Crushing Injury
- ❑ Dislocation
- ❑ Electrocution
- ❑ Ergonomic Injury
- ❑ Evisceration
- ❑ Foreign Body
- ❑ Fracture
- ❑ Hearing Loss
- ❑ Heat Injury
- ❑ Hernia
- ❑ Infection
- ❑ Insect Bite
- ❑ Laceration
- ❑ Puncture
- ❑ Poisoning
- ❑ Radiation Exposure
- ❑ Respiratory Irritation
- ❑ Rupture
- ❑ Shock
- ❑ Sprain
- ❑ Strain
- ❑ Other

CONTACT TYPE

- ❑ Caught Between
- ❑ Caught In
- ❑ Caught On
- ❑ Caught In
- ❑ Exposure
- ❑ Fall (Same Level)
- ❑ Fall (Height)
- ❑ Overexertion
- ❑ Slip
- ❑ Struck Against
- ❑ Struck By
- ❑ Trip
- ❑ Other

CONTACT WITH

- ❑ Chemical
- ❑ Cold
- ❑ Electricity
- ❑ Heat
- ❑ Moving Equipment
- ❑ Noise
- ❑ Radiation
- ❑ Stationary Equipment
- ❑ Tool
- ❑ Toxic Substance
- ❑ Vehicle
- ❑ Other

MEDICAL FACILITY INFORMATION	❑ N/A
TREATED IN THE EMERGENCY ROOM ❑ YES ❑ NO	NAME OF PHYSICIAN
NAME OF TREATMENT FACILITY	ADDRESS

SPILL/RELEASE INFORMATION			❑ N/A
PRODUCTS		CONTAINER TYPE	CONTAINER SERIAL NUMBER
CAS NUMBER(S)		REPORTABLE? ❑ YES ❑ NO	PHYSICAL STATE
LONGITUDE	LATITUDE	QUANTITY SPILLED/RELEASED	RELEASED TO ❑ Water ❑ Roadway ❑ Soil ❑ Containment ❑ Air
TYPE OF WORK BEING CARRIED OUT AT TIME OF INCIDENT:			
OBJECT/EQUIPMENT/SUBSTANCE THAT CONTRIBUTED TO THE INCIDENT:			
ACTION TAKEN:			
MAP OF SPILL/RELEASE SITE Attachment Sheet ❑			

VEHICLE ACCIDENT DETAILS ❑ N/A

VEHICLE DAMAGE (mark all areas affected)

ROAD TYPE

- ❑ Gravel
- ❑ Graded
- ❑ Ice/Snow
- ❑ Paved
- ❑ Unimproved

TIME OF DAY

- ❑ Dawn
- ❑ Day
- ❑ Dusk
- ❑ Night

DRIVING CONDITIONS

- ❑ Clear
- ❑ Cloudy
- ❑ Dust/Sand Storm
- ❑ Fog/Smoke
- ❑ Ice
- ❑ Rain
- ❑ Snow
- ❑ Sleet/Hail
- ❑ Other

ACTION OF GATEWAY VEHICLE

- ❑ Backing/Reversing
- ❑ Being Passed
- ❑ Forward Motion
- ❑ Parked/Stopped
- ❑ Passing Others
- ❑ Turning

VEHICLE COLLISION WITH

- ❑ Animal
- ❑ Non-Collision/Rollover
- ❑ Object - Moving
- ❑ Object - Stationary
- ❑ Other Vehicle – Moving
- ❑ Other Vehicle – Stationary
- ❑ Pedestrian
- ❑ Struck by Other Vehicle

VIN NUMBER:

VEHICLE USAGE

- ❑ Personal
- ❑ Business

VEHICLE PROPERTY TYPE

- ❑ Personal
- ❑ Business

VEHICLE SPEEDS

SPEED 1 (Gateway Vehicle) MPH

SPEED 2 (Other Vehicle) MPH

ANY VEHICLE TOWED

- ❑ Yes
- ❑ No

MOBILE PHONE IN USE?

- ❑ Yes
- ❑ No

PREVENTABLE?

- ❑ Yes
- ❑ No

CITATION ISSUED?

- ❑ Yes
- ❑ No

MAP OF ACCIDENT SITE

Attachment Sheet ❑

EQUIPMENT LOSS/DAMAGE	❑ N/A
EQUIPMENT LOSS/DAMAGE/STOLEN:	IDENTIFICATION NUMBER(S):
ESTIMATED COST OF REPAIR/REPLACEMENT:	RESPONSIBLE PARTY:
TYPE OF WORK BEING CARRIED OUT AT TIME OF INCIDENT:	
ACTION TAKEN:	

ROOT CAUSE ANALYSIS

SUBSTANDARD CONDITIONS: *(CHECK ALL THAT APPLY)*

- ❑ Lack of or Inadequate Guarding
- ❑ Defective Safety Device
- ❑ Defective Tool or Equipment
- ❑ Hazardous Workstation Layout
- ❑ Unsafe Lighting
- ❑ Unsafe Noise Levels
- ❑ Unsafe Ventilation
- ❑ Lack of or Improper PPE
- ❑ Road Conditions
- ❑ Weather Conditions
- ❑ Poor Housekeeping
- ❑ No Training/Insufficient Training
- ❑ Other:

EXPLAIN:

SUBSTANDARD PRACTICES: *(CHECK ALL THAT APPLY)*

- ❑ Acts of Others
- ❑ Failure to Communicate or Coordinate
- ❑ Failure to Follow Procedure/Policy
- ❑ Operating Without Permission
- ❑ Operating at Unsafe Speeds
- ❑ Making a Safety Device Inoperative
- ❑ Using Defective Equipment
- ❑ Using Equipment in a Unapproved Way
- ❑ Taking a Unsafe Position
- ❑ Improper Lifting
- ❑ Failure to Wear PPE
- ❑ Failure to Use Available Tools/Equipment
- ❑ Horseplay
- ❑ Under the Influence of Alcohol/Drugs
- ❑ Other:

EXPLAIN:

PERSONAL FACTORS: *(CHECK ALL THAT APPLY)*

- ❑ Abuse or Misuse
- ❑ Improper Motivation
- ❑ Inadequate Physical Capacity
- ❑ Inadequate Mental Capacity
- ❑ Lack of Knowledge
- ❑ Lack of Skill
- ❑ Mental Stress
- ❑ Physical Stress
- ❑ Other:

EXPLAIN:

ROOT CAUSE ANALYSIS CONTINUED

JOB FACTORS: *(CHECK ALL THAT APPLY)*

- ❑ Excessive Wear and Tear
- ❑ Inadequate Communications
- ❑ Inadequate Engineering
- ❑ Inadequate Leadership or Supervision
- ❑ Inadequate Maintenance
- ❑ Inadequate Purchasing
- ❑ Inadequate Tools/Equipment
- ❑ Inadequate Work Standards
- ❑ Other:

EXPLAIN:

HOW CAN FUTURE INCIDENTS BE PREVENTED? ❑ N/A

WHAT CHANGES ARE SUGGESTED TO PREVENT THIS INCIDENT FROM HAPPENING AGAIN?

- ❑ Stop this activity
- ❑ Guard the hazard
- ❑ Train the employee(s)
- ❑ Train the supervisor(s)
- ❑ Redesign task steps
- ❑ Redesign work station
- ❑ Write new policy/rule
- ❑ Enforce existing policy
- ❑ Inspect for hazard
- ❑ PPE
- ❑ Other

WHAT SHOULD BE (OR HAS BEEN) DONE TO CARRY OUT THE SUGGESTION(S) CHECKED ABOVE?

Attachment Sheet ❑

INVESTIGATION TEAM

	Name (Print)	Gateway Company	Phone
Manager/Supervisor			
Safety Director/EHS Representative			
Other Team Member			

Gateway Employee: _____ Date: _____

Gateway Supervisor: _____ Date: _____

Safety Director/Rep: _____ Date: _____