



Community Living Centers, Inc.

THE FOLLOWING TO COMPLETED BY ACCIDENT INVESTIGATION TEAM

ROOT CAUSE GUIDE

(CHECK EACH APPROPRIATE CAUSE(S) AND ROOT CAUSE(S) THAT CONTRIBUTED TO THE ACCIDENT/INCIDENT)

PROCEDURES

- DEVELOPED: NO; POOR; NOT FOLLOWED; MISUNDERSTOOD; NOT ENFORCED; NOT TRAINED
- INCORRECT/LACK USE PPE
- INSPECTIONS INADEQUATE

EQUIPMENT

- FAULTY EQUIPMENT
- POOR DESIGN/ERGONOMICS
- LACK MAINTENANCE
- GUARDING: NONE; INADEQUATE; DISREGARDED

HAZARDS

- CHEMICAL; FIRE; CHEMICAL
- BIOLOGICAL; ERGONOMICS
- CREATED BY EMPLOYEE; ENVIRONMENT
- IDENTIFIED: IGNORED
- CONDITIONS CHANGED-NO WARNING
- INADEQUATE WARNING SYSTEM
- POOR HOUSEKEEPING
- CONGESTED WORK AREA
- POOR LIGHTING
- EXCESSIVE NOISE
- DEFECTS FLOORS, RAMPS, DOORS
- INADEQUATE VENTILATION

BEHAVIORS

- RUSHING; INCREASE PRODUCTION SCHEDULE
- OVERTIME
- TAKING SHORTCUTS
- UNSAFE ACTS: EMPLOYEES; SUPERVISORS

TRAINING/COMMUNICATION

- INADEQUATE: INFORMATION/FREQUENCY
- BREAKDOWN: EMPLOYEES/SUPERVISORS

WHAT IS THE CAUSE AND CORRECTIVE ACTION?

(TRY TO IDENTIFY AS MANY CAUSES AND CORRECTED ACTIONS AS POSSIBLE.)

WHAT IS THE CAUSE?

WHAT IS THE CORRECTIVE ACTION? (Interim or Final)

LIST SHOP WORK REQUEST (IF INITIATED):

REPORT PREPARED BY:

DATE:

COMMENTS (NOTE ATTACHMENTS, Request for assistance if final actions are not completed):

DEPT. MANAGER.:

DATE:

COMMENTS:

SAFETY COMMITTEE:

DATE:

COMMENTS:

CLASS:

NON-RECORDABLE

FIRST AID

RECORDABLE

ILLNESS

INJURY

LTI

RWA