**Process Safety Incident Report Form** 

**Directions for Completion: All Process Safety Incidents / Near Misses should be documented and as required or as appropriate investigated to determine the underlying causes of the event.**

1. **Complete and submit this form to the EHS Dept. Process Safety Program Manager within 48 hours of the incident**
2. **Complete as much information as available and then sign and date the form**

Incident Number (*completed by EHS Dept.*):

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| 1. Covered Process / Personnel Information
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1. Date of incident: Time of Incident:
2. Location (include Bldg.#):
3. Department:
4. Incident Type: (e.g. Near Miss, PSM, Environmental, etc.)
5. If Incident Resulted in an Injury – List Type:
6. Individual name(s), title(s) and organization if not with Penn State:
7. Witnesses, if any:
8. Incident Reported To: Date/Time Reported:

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| 1. Incident Description and Event Details
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1. Incident Description, including details on events leading to the event, materials involved, PPE / tools used, condition and size of containers/tanks, estimated quantity spilled/released, extent of any injuries (requires separate documentation), and response:
2. Immediate measures taken to mitigate immediate hazards:
3. Provide additional information on event, location, equipment associated with the event including a sketch, photos or other details on the event as appropriate:
4. Name of Individual Completing Initial Report and Date Submitted to EHS:

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| 1. Incident Analysis / Investigation Details
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1. Time & Date Incident Investigation began:
2. Investigation Conducted by (Names & Titles):
3. Date Incident Investigation Completed:
4. Outline the contributing factors associated with the Immediate Cause(s) – check all that apply and include additional detail:

□ Location / Premises – anything about the condition of the workplace that contributed to the adverse event (e.g. access, egress, lighting, ventilation, housekeeping, area used as designed, etc.):

□ Plant / Equipment or Material - equipment being used contributed to the adverse event (e.g. proper equipment, adequate controls or guards, properly maintained, etc.):

□ Process / Procedures - instructions or information available contributed to adverse event (e.g. procedures

 instructions available & up to date, training conducted, procedures followed, realistic & adequate, etc.):

□ People involved contributed to incident - anything about the people involved contributed to the adverse event (e.g. suited for job/tasks, competency, adherence to established procedures, etc.):

1. Outline the Root Cause(s) associated with incident – check all that apply and include additional detail:

□ Control (e.g. workplace / activities adequately supervised, adequate resources for tasks, oversight of

 contractors, accountability, etc.):

□ Co-operation (e.g. employees involved in assessing / determining workplace arrangements,

establishing safe working procedures, etc.):

□ Communication (e.g. responsibilities clearly defined/ understood, written instructions available & clear,

communications to contractors effective, communications between employees and supervisors effective, etc.):

□ Competence – Training & Suitability (e.g. people involved suitable for activity, process safety and H&S training needs identified / effectively delivered, competency verified, etc.):

□ Design and Implementation (e.g. workplace / equipment design considering process safety and H&S requirements, controls / displays designed to reduce human error, appropriate arrangements to maintain equipment, addressing defects / repairs, etc.):

□ Risk Assessment – (e.g. were the hazards identified and suitable controls implemented, were they adequate, did they correctly identify the risks, up-to-date, appropriate technical standards utilized, were adequate risk control measures identified, etc.):

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| 1. Corrective and Preventive Actions
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1. Recommended Corrective Actions (include responsible individual and due date)
	1. Immediate Cause(s):
	2. Root Cause(s):
2. Recommended Preventive Actions (include responsible individual and due date)
3. If appropriate, Assessment of Corrective/Preventive Actions implemented
	1. Conducted by: Date:
	2. Assessment Summary (consider if the Corrective/Preventive Actions were closed within the required timeline and if they were effective in addressing the contributing causes to the incident)

1. Incident Review Meeting (list attendees & date if a Review Meeting was held):
	1. List any additional Recommendations/Actions identified by Review Team

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| 1. Incident Closure
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1. Incident Closure (after Corrective/Preventive Actions are closed, Incident Report should be closed)

Name: Date:

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