



IAF Incident Number: _____

Incident Analysis Form (IAF)

Completed By: _____ Title: _____

Department/Division: _____ Supervisor: _____

I was involved in the incident, I witnessed the incident, I was told of the incident

INCIDENT TYPES <i>(Check all that apply)</i>		Complete Form
INCIDENT ONLY	<input type="checkbox"/> Incident/near miss <i>(i.e., no injury or damage)</i>	• IAF
EMPLOYEE MEDICAL	<input type="checkbox"/> First Aid <i>(i.e., minor injury, self-treatment, City Clinic, etc.)</i>	• IAF • Medical form
	<input type="checkbox"/> ER/Doctor Visit <input type="checkbox"/> Work Restrictions <input type="checkbox"/> Time Away From Work	• IAF • Medical form • 801
	<input type="checkbox"/> Bloodborne Pathogen or Contagious Disease Exposure	• IAF • Medical form • Exposure Form • Call RISK (see below)
	<input type="checkbox"/> Overnight Hospitalization ¹ <input type="checkbox"/> Fatality ¹	• IAF • 801 • CALL RISK!
AUTO	<input type="checkbox"/> City Vehicle Damage <input type="checkbox"/> Citizen Auto Damage	• IAF • Vehicle form • DMV form
CITY PROPERTY	<input type="checkbox"/> City Property Damage/Loss	• IAF • Property Form
CITIZEN INJURY LOSS OR LITIGATION²	<i>Contact HR/Risk and/or have the citizen contact HR/Risk</i>	
ROUTING INSTRUCTIONS	<ul style="list-style-type: none"> • Overnight Hospitalization or Fatality – CALL HR/RISK ASAP (24 hrs) • Contagious Pathogen? – Call Risk within 24 hours. • Employee: Complete this form and give it to your supervisor • Supervisor: 1) complete the corrective measures section 2) Fax/send draft forms to HR/Risk within 24 hours 3) send signed forms to HR/Risk within 5 calendar days 	Risk 541-726-3724 Risk Fax 541-726-4614 After hours? Contact PD dispatch for cell numbers Police 541-726-3714

Basic incident information

Address of Incident: _____

Date/time of incident: _____ Date/time Reported: _____

- Have witnesses been interviewed? Yes No N/A Witness: _____
- Were photos taken? Yes No N/A Witness: _____
- Was the incident reported to Police? Yes No N/A PD Case Number: _____
- Citizen injury or property damage? Yes No N/A Name: _____

Describe the incident in detail

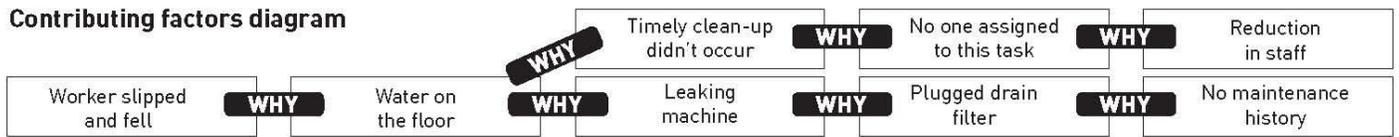
- What were you doing just before the incident happened?
- **INJURIES?** Who was injured? What body parts were injured? Where were the injured individuals treated?
- **VEHICLE?** What vehicles were involved? List vehicle/unit/license numbers. Driver names. Where are the vehicles now?
- *Use additional sheets and attach photos, documents, etc. as necessary.*

Track sequence & identify root causes

Reconstruct the series of events leading back to the root cause(s) of the event.

- Use the diagram below as an example.
- What happened before, during and after the incident?
- Question how and why each consecutive event happened.

Contributing factors diagram



Present corrective measures and Best Practices

Employee & Supervisor - Identify immediate actions and best practices that will help prevent future incidents. Focus on eliminating/reducing the contributing and root causes of the event. Use additional sheets if necessary

- Identify multiple solutions to eliminate or reduce multiple root causes.
- Identify improvements to safety processes and/or procedures.
- Identify persons responsible for completing the action items.

Corrective Measures and Best Practices

How will the issues addressed in the boxes above be corrected?	Person assigned:	Completion date:

Completed By: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

Safety Committee: _____ Signature: _____ Date: _____

(See front for routing instructions)

HR/Risk Use:

Date HR/Risk Notified: _____ PD Case #: _____ Incident Number: _____

Claim Numbers: _____