

The Wieland-Davco Corporation

Job Name/Number

Root Cause Analysis

Direct Causes	Underlying Causes	System Issues
<p>Unsafe Work Practices</p> <input type="checkbox"/> Operating without authority <input type="checkbox"/> Failure to warn or secure <input type="checkbox"/> Operating at improper speed <input type="checkbox"/> Defeating safety devices <input type="checkbox"/> Using wrong equipment/tools <input type="checkbox"/> Using defective equipment/tools <input type="checkbox"/> Using equipment/tools improperly <input type="checkbox"/> Failure to use personal protection equipment (PPE) <input type="checkbox"/> Inadequate PPE used <input type="checkbox"/> Servicing equipment in motion <input type="checkbox"/> Failure to lockout <input type="checkbox"/> Horseplay <input type="checkbox"/> Improper lifting, pulling, pushing, or reaching <input type="checkbox"/> Change position suddenly <input type="checkbox"/> Other _____	<p>Personal Factors</p> <input type="checkbox"/> Lack of knowledge of skill or job, equipment, tools or methods <p>Attempting to:</p> <input type="checkbox"/> Save time <input type="checkbox"/> Save effort <input type="checkbox"/> Avoid discomfort <input type="checkbox"/> Attract attention <input type="checkbox"/> Assert independence <input type="checkbox"/> Physical problem or temporary impairment: <input type="checkbox"/> Fatigue <input type="checkbox"/> Illness <input type="checkbox"/> Allergy <input type="checkbox"/> Drugs or alcohol	<p>Policy Procedure Related</p> <input type="checkbox"/> No Operating Policy/Procedure <input type="checkbox"/> Inadequate Operating Policy/Procedure <input type="checkbox"/> Operating Policy/Procedure not communicated <input type="checkbox"/> Operating Policy/Procedure not understood <input type="checkbox"/> Operating Policy/Procedure not enforced <input type="checkbox"/> No or conflicting goals or standards <input type="checkbox"/> No or inadequate assignment of responsibility <input type="checkbox"/> No or inadequate accountability <input type="checkbox"/> No or inconsistent feedback
<p>Unsafe Conditions</p> <input type="checkbox"/> Inadequate guards <input type="checkbox"/> Poorly designed tools/equip./mat. (including ergonomics) <input type="checkbox"/> Defective tools/equipment/materials <input type="checkbox"/> Energized equipment <input type="checkbox"/> Congestion <input type="checkbox"/> Inadequate work space <input type="checkbox"/> Poor arrangement <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Fire and Explosion Hazards <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate illumination <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Slip/trip/fall hazard <input type="checkbox"/> Other _____	<p>Job Factors</p> <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Inadequate design of tools/equip./materials <input type="checkbox"/> Inadequate purchasing standards <input type="checkbox"/> Normal wear and tear <input type="checkbox"/> Abnormal wear and tear	<p>Safety & Health Management Process</p> <input type="checkbox"/> Management training <input type="checkbox"/> Planned inspections <input type="checkbox"/> Job Safety Analysis <input type="checkbox"/> Accident Investigation <input type="checkbox"/> Job Safety Observations <input type="checkbox"/> Emergency Response <input type="checkbox"/> Accident Analysis <input type="checkbox"/> Audits <input type="checkbox"/> PPE <input type="checkbox"/> Housekeeping <input type="checkbox"/> Environmental Sampling or Monitoring <input type="checkbox"/> Other _____

Nature of Injury _____
 Body Part _____ Accident Type (example First Aid, Hospital, etc.) _____
 Description of Accident _____
 Direct Cause (Thoroughly Explain) _____
 Underlying Causes (Thoroughly Explain) _____

Completed By: _____
 Date _____