

PEACE CORPS
MISHAP INVESTIGATION REPORT
SAMPLE REPORT

I. MISHAP DETAILS

Post/Establishment: _____

Name of Staff Member/Person Injured: _____

Position/Job Title: _____ Date of Mishap: _____

Location of Mishap: _____

Was a Mishap Report submitted? Yes No

Provide a detailed narrative of the mishap and how it occurred:

(Attach photos, diagrams or other documentation, if needed.)

What was the staff member/person doing just prior to the mishap?

(Include any tools or machinery used during the course of their work.)

Was personal protective equipment required for this task? Yes No

If yes, specify the type of PPE required: _____

Was there any damage to property or equipment? Yes No

Explain/describe the extent of damage and the nature of the property damaged:

Provide statements from witnesses (if applicable):

II. CAUSES

Direct/Immediate/Contributing Causes

What unsafe acts or unsafe conditions contributed to the mishap? Check any applicable causes:

- | | | |
|---|---|--|
| <input type="checkbox"/> Defective Tools/Equipment | <input type="checkbox"/> Lack of Safety Devices | <input type="checkbox"/> Unsafe Walking/Working Surface |
| <input type="checkbox"/> Guard Removed/Guard Needed | <input type="checkbox"/> Not Employee's Normal Job | <input type="checkbox"/> Unsafe/Insufficient Work Procedures |
| <input type="checkbox"/> Improper Ladder Setup | <input type="checkbox"/> Not Following Procedures | <input type="checkbox"/> Violated Safety Rule |
| <input type="checkbox"/> Improper Use of Tools | <input type="checkbox"/> Poor Housekeeping | |
| <input type="checkbox"/> Improvising/Shortcuts | <input type="checkbox"/> Proper Tools not Available | |

Other: _____

Root Causes

What management systems failed to prevent the mishap? Check any that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to Recognize Unsafe Action | <input type="checkbox"/> Inadequate Training | <input type="checkbox"/> Communication Error |
| <input type="checkbox"/> Failure to Recognize Unsafe Conditions | <input type="checkbox"/> Lack of Training | <input type="checkbox"/> Poor Job Design |
| <input type="checkbox"/> Failure to Inspect | <input type="checkbox"/> Complex Procedures | <input type="checkbox"/> Lack of Skill/Knowledge |
| | <input type="checkbox"/> Excessive Production Pressure | <input type="checkbox"/> Lack of Enforcement of Safe Work Practice |

Other: _____

III. CORRECTIVE ACTIONS

Provide recommended engineering control, training, or program/policy change(s):

What action was or should be taken to prevent a recurrence of this mishap?

IV. COMPLETED BY

Name: _____ Title: _____

Signature: _____ Date: _____