

Contractor Incident Investigation Form



This form shall be completed and returned, within 10 days of the incident, to the applicable NiSource Safety Representative. Fill out all applicable form fields. Be as specific as possible. Attach the pre-job, work zone paperwork, and any additional narrative as needed.

If the incident was not related to a work zone, check box and skip the boxes outlined in red.

WAS THERE AN INJURY AS A RESULT OF A WORK ZONE INTRUSION?

WAS THERE PROPERTY DAMAGE OR EQUIPMENT DAMAGE AS A RESULT OF AN INTRUSION?

WAS A SPOTTER USED DURING SET UP OR TEAR DOWN?

WAS THE WORK ZONE PLANNING FORM COMPLETED?

WAS THE WORK ZONE INSPECTION FORM COMPLETED?

WORK ZONE PAPERWORK IS ATTACHED

Complete questions below for ALL incidents, including work zone

WAS THERE A PRE-JOB BRIEFING COMPLETED?

DID THE PRE-JOB BRIEFING HAVE THE HAZARDS IDENTIFIED?

IF NOT, PLEASE EXPLAIN.

WERE IDENTIFIED CONTROLS ADEQUATE?

IF NOT, PLEASE EXPLAIN.

WERE THE IDENTIFIED CONTROLS IMPLEMENTED?

IF NOT, PLEASE EXPLAIN.

LIST ALL CAUSES LEADING TO THE INCIDENT

DETERMINE THE ROOT CAUSE USING THE "FIVE WHYS" METHOD

IF A CONTRACTOR HAS THEIR OWN INVESTIGATION PROCESS THAT MEETS OR EXCEEDS NISOURCE'S INVESTIGATION EXPECTATIONS, IT MAY BE ATTACHED. IF NOT, FILL IN THE 5 WHY'S FOR YOUR RCA.

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LIST AND TRACK ACTIONS FOR EACH CAUSE (ACTION THAT WILL BE ASSIGNED, ASSIGNED TO WHOM, SCHEDULED COMPLETION DATE AND ACTUAL COMPLETION DATE)

LIST ACTION(S) THAT HAVE OR WILL BE TAKEN TO PREVENT A RECURRENCE	ASSIGNED TO WHOM	SCHEDULED COMPLETION DATE	ACTUAL COMPLETION DATE
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WHEN INCIDENTS HAPPEN, IT SHOWS THAT ONE OR MORE OF THE CORE 4 RESPONSIBILITIES WERE NOT PROPERLY FOLLOWED. WAS EACH RESPONSIBILITY FOLLOWED? PLEASE EXPLAIN.

1. FOLLOW PROCESSES AND PROCEDURES.

2. IDENTIFY AND REPORT RISK.

3. IDENTIFY AND PROACTIVELY TAKE ACTION TO PREVENT THINGS THAT CAN GO WRONG.

4. CONTINUALLY IMPROVE OUR PROCESSES AND PROCEDURES TO PROTECT ONE ANOTHER, OUR CUSTOMERS, AND COMMUNITIES.



ALL CORE FOUR RESPONSIBILITIES WERE FOLLOWED AND THE INCIDENT WAS OUT OF CONTROL OF THE CONTRACTOR.

WITNESS NAME

WITNESS CONTACT INFORMATION

WITNESS STATEMENT ATTACHED

TO BE COMPLETED BY NISOURCE REPRESENTATIVE

WAS THIS A SIF?

IF ANYTHING BUT NO, PLEASE EXPLAIN.

WAS HIGH ENERGY PRESENT AND/OR A CONTRIBUTING FACTOR TO THE EVENT?

NISOURCE EMPLOYEE WHO REVIEWED INCIDENT INVESTIGATION DETAILS

NAME:

U NUMBER:

SIGNATURE: