

MAPP INCIDENT REPORT

SECTION III

Root Cause(s) of Incident (See also Section VI)

SECTION IV

Corrective Action(s) Taken Recommended	Assigned To	Target Date	Completion
1			
2			
3			
4			
5			
6			

SECTION V

Injury Nature	Body Part	Accident Type	
Abrasion	Abdomen	Respiratory	Caught in-under-between
Allergic reaction	Ankle	Shoulder	Contact with hot liquid
Amputation	Arm	Spine	Contact with sharp object
Chemical Burn	Back	Throat	Contact with electricity
Concussion	Chest	Wrist	Exposure to chemical
Contusion	Ear		Exposure to gas
Electric shock	Elbow		Exposure to cold object
Eye irritation	Eye		Exposure to hot object
Foreign body	Finger		Fall from elevation
Fracture	Foot / Toes		Fall (other)
Heat / Cold Stress	Groin		Slip / Trip
Hernia	Hand		Inhalation
Inflammation	Head		Lifting
Inhalation	Knee		Pinching
Laceration	Mouth/ Teeth		Pushing / Pulling
Sprain	Multiple Parts		Splash
Thermal Burn	Neck		Struck against / by
Other- Heart Attack	Nose		Vehicle Accident
			Other

MAPP INCIDENT REPORT

SECTION VI

DIRECT CAUSE	
Unsafe Acts	Unsafe Conditions
Improper use of tool	Flammable Atmosphere
Defective Tool / Equipment	Oxygen rich / deficient
Failure to use proper PPE	Toxic Atmosphere
Improper body position	Inadequate Illumination
Improper Lifting / Placing	Poor Housekeeping
Removing guard	Congested work area
Defeating safety device	Worn / Defective Tool
Servicing Live Equipment	Work / defective equipment
Horseplay	Ineffective guard or barricade
Shortcut / Hurrying	Missing / lack or guarding
Horseplay	Failure to Post Barricades or Warning Signs
Shortcut / Hurrying	Ineffective guard or barricade
Fatigue	Unsafe Act / Condition caused by other person
Unauthorized Use of Equipment	Other:
Failure to Correct Hazard or Condition	
Failure to follow procedure	
Other: Personal Conditions	

INDIRECT CAUSE – LACK OF:

Training	Resources	Belief
No Training	Time	Poor Moral
Poor Training	Tools	Peer pressure
Refresher needed	Equipment	Awareness
Not Understood	Material	Other:
Other:	Manpower	
	Other:	

SECTION VII

Additional Note:			
Superintendent Signature		Employee Signature	
Date		Date	
Project Manger Signature		Signature of HSE Manger	
Date		Date	