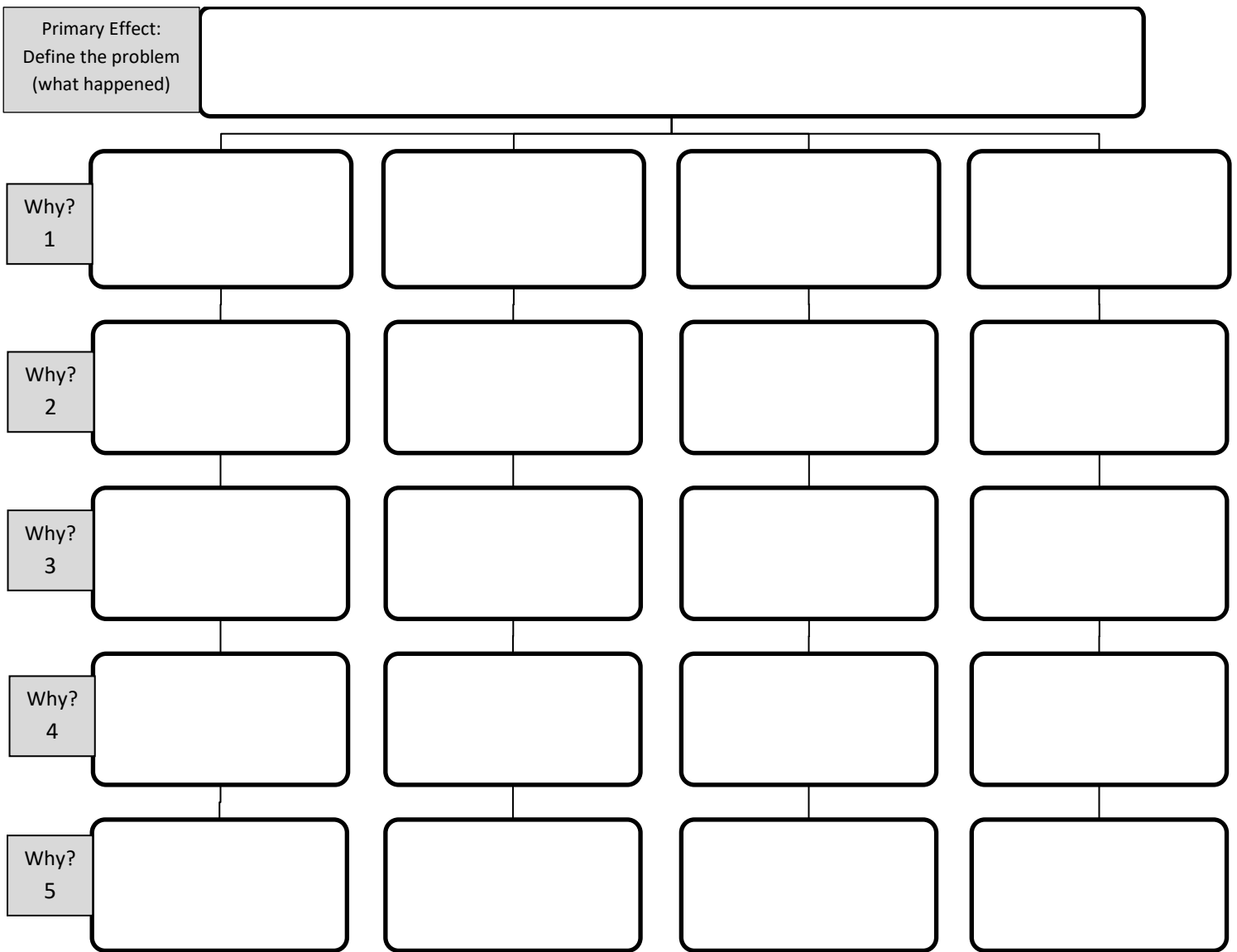




Individuals involved in 5 Whys:	
Form prepared by:	Date of incident:
Description of incident:	

1. Determine the contributory and root causes.



Note: Systematically evaluate the causes and determine which are most likely to be the “root causes”. Highlight these root causes and transfer them to section 2



<b>2. Identify effective solutions</b>		
No.	<u>Identified cause (contributing factors)</u> The incident would not have occurred if not for the presence/absence of these factors	<u>Identified control (effective solution)</u> The identified causal factor would not have occurred if the following control had been in place
1		
2		
3		

Note: Transfer the effective solutions to section 3 below and assign accountability.

<b>3. Corrective actions: Assign responsibility for the effective solutions</b>				
No.	Remedial action plan for each effective solution	Action by who (Name)	Action by when (Date)	Action Completion sign off (Manager)
1				
2				
3				

Additional questions (**lost time incidents only**)

1. People's positions - if this had been done right, it would have prevented the incident (check all that apply)

<input type="checkbox"/> Alignment	<input type="checkbox"/> Line of fire	<input type="checkbox"/> Overreaching	<input type="checkbox"/> Over exertion	<input type="checkbox"/> Repetition	<input type="checkbox"/> N/A
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2. Attention to work – if this had been done right, it would've prevented the incident (check all that apply)

<input type="checkbox"/> Awareness of surroundings	<input type="checkbox"/> Eyes on task	<input type="checkbox"/> Mind on task	<input type="checkbox"/> Pace	<input type="checkbox"/> N/A
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3. Communication – if this had been done right, it would have prevented the incident (check all that apply)

<input type="checkbox"/> JHA	<input type="checkbox"/> Plan	<input type="checkbox"/> Recognize change	<input type="checkbox"/> Task coordination	<input type="checkbox"/> N/A
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4. Using PPE – was it... (circle yes or no)

<ul style="list-style-type: none"> <li>In good condition :</li> <li>In use:</li> <li>The right type:</li> </ul>	<table border="0"> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> </table>	yes	no	yes	no	yes	no	<p>5. Execution of work – did you... (circle yes or no)</p> <ul style="list-style-type: none"> <li>Select right tool:</li> <li>Follow policies:</li> <li>Work safely:</li> <li>Use tool properly:</li> <li>Verify tool is in good condition:</li> </ul>	<table border="0"> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> <tr><td>yes</td><td>no</td></tr> </table>	yes	no	yes	no	yes	no	yes	no	yes	no
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yes	no																		
yes	no																		
yes	no																		

6. Working conditions – if this had been done right, it would've prevented the incident (check all that apply)

<input type="checkbox"/> Ambient conditions	<input type="checkbox"/> Clean/clear of clutter	<input type="checkbox"/> Footing	<input type="checkbox"/> Guards & barriers
<input type="checkbox"/> Tools/equipment put away	<input type="checkbox"/> Work plan design	<input type="checkbox"/> N/A	

7. Number the top 3 root causes from the following lists, with 1 being the most influential cause:

<p><u>Following procedures (planning)</u></p> <p>__ Poor/inadequate/improper planning</p> <p>__ No SOP/SWP/JHA</p> <p>__ SOP/SWP/JHA did not identify hazard</p> <p>__ Not following SOP/SWP/JHA</p> <p>__ Deviated from SOP/SWP/JHA: plan changed/not communicated</p> <p>__ Failure to identify change</p> <p>__ No pre-inspection</p> <p>__ Inadequate/no permit, permit not followed</p> <p>__ Manufacturer recommendations not followed</p> <p>__ Operation of equipment without authority</p> <p>__ Improper position of posture for task</p> <p>__ Overexertion/Overreaching of physical capability</p> <p>__ Improper lifting</p> <p>__ Improper loading</p> <p>__ Shortcutting/rushing – correct way takes more time/effort</p>	<p><u>Tools, equipment and vehicles</u></p> <p>__ Improper use of equipment, tools, devices</p> <p>__ Modifying or altering tools/equipment improperly</p> <p>__ Use of defective equipment</p> <p>__ Use of defective tools</p> <p>__ Electrical issue with tool or equipment</p> <p>__ Improper placement of tools, equipment, or materials</p> <p>__ Operation of equipment at improper speed</p> <p>__ Servicing of equipment in operation</p> <p>__ Inadequate equipment</p> <p>__ Improperly prepared equipment/tools/vehicles</p> <p>__ Inadequate tools</p> <p>__ Not performing an adequate inspection</p> <p>__ Dropped tool/object</p> <p>__ Defective vehicle</p> <p>__ Inadequate vehicle for the purpose</p> <p>__ Wrong selection of equipment</p> <p>__ Wrong selection of tool(s)</p>
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<p><u>Inattention/lack of awareness/training</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No training/non-designated/not qualified</li> <li><input type="checkbox"/> Improper/inadequate training</li> <li><input type="checkbox"/> Improper decision making or lack of judgement</li> <li><input type="checkbox"/> Distracted by other concerns</li> <li><input type="checkbox"/> Inattention to footing and surroundings</li> <li><input type="checkbox"/> Inattention to body/hand position (crush point)</li> <li><input type="checkbox"/> Inattention to body position (line of fire)</li> <li><input type="checkbox"/> Inattention to stored energy</li> <li><input type="checkbox"/> Horseplay</li> <li><input type="checkbox"/> Acts of violence</li> <li><input type="checkbox"/> Failure to warn</li> <li><input type="checkbox"/> Use of drugs or alcohol</li> <li><input type="checkbox"/> Routine activity without thought</li> <li><input type="checkbox"/> Physical capability (fatigue, vision, hearing, disability)</li> <li><input type="checkbox"/> Improper assignment of personnel</li> <li><input type="checkbox"/> Inadequate communication</li> <li><input type="checkbox"/> Lack of knowledge of hazards present</li> </ul>	<p><u>Use of protective methods &amp; systems</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE not used</li> <li><input type="checkbox"/> Improper use of PPE</li> <li><input type="checkbox"/> Servicing of energized equipment</li> <li><input type="checkbox"/> Equipment or materials not secured</li> <li><input type="checkbox"/> Disabled guards, warning systems or safety devices</li> <li><input type="checkbox"/> PPE not available</li> <li><input type="checkbox"/> Inadequate guards or protective devices (barricades)</li> <li><input type="checkbox"/> Defective guards or protective devices</li> <li><input type="checkbox"/> Inadequate PPE</li> <li><input type="checkbox"/> Defective PPE</li> <li><input type="checkbox"/> Inadequate warning system</li> <li><input type="checkbox"/> Defective warning system</li> <li><input type="checkbox"/> Inadequate isolation of process or equipment</li> <li><input type="checkbox"/> Inadequate safety devices</li> <li><input type="checkbox"/> Defective safety devices</li> </ul>
<p><u>Work exposure to:</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire or explosion</li> <li><input type="checkbox"/> Noise</li> <li><input type="checkbox"/> Energized electrical systems</li> <li><input type="checkbox"/> Energized systems other than electrical</li> <li><input type="checkbox"/> No utility locate</li> <li><input type="checkbox"/> Radiation</li> <li><input type="checkbox"/> Temperature extremes</li> <li><input type="checkbox"/> High winds</li> <li><input type="checkbox"/> Hazardous chemicals</li> <li><input type="checkbox"/> Mechanical hazards</li> <li><input type="checkbox"/> Storms or acts of nature</li> </ul>	<p><u>Work Place/environment/layout</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Congestion or restricted motion (arrangement/placement)</li> <li><input type="checkbox"/> Inadequate or excessive illumination</li> <li><input type="checkbox"/> Inadequate ventilation</li> <li><input type="checkbox"/> Unprotected height</li> <li><input type="checkbox"/> Inadequate workplace layout</li> <li><input type="checkbox"/> Inadequate access/egress</li> <li><input type="checkbox"/> Inadequate walkways</li> <li><input type="checkbox"/> Inadequate housekeeping</li> <li><input type="checkbox"/> Uneven ground</li> <li><input type="checkbox"/> Wet or slippery surfaces</li> <li><input type="checkbox"/> Tripping hazard</li> </ul>