

Appendix 33-B Root Causation Analysis

Part 1 Equipment – equipment, tools and/or materials were a contributing factor			YES	NO
YES	NO	Causal Factors	Comments & Recommended Action(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Did equipment/tool defects contribute?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	
<input type="checkbox"/>	<input type="checkbox"/>	Was there an equipment/tool inspection process?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the inspection process completed as required?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the correct equipment/tool/material utilized?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the correct equipment/tool/material readily available?		
<input type="checkbox"/>	<input type="checkbox"/>	Was substitute equipment/tools/material used in place of correct ones?		
List any other equipment/tool/material causal factors.				

Part 2 Work Environment – location of the equipment, material and/or employee was a contributing factor			YES	NO
YES	NO	Causal Factors	Comments & Recommended Action(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Did the location/position of equipment/material/employees contribute to the incident?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	
<input type="checkbox"/>	<input type="checkbox"/>	Was the hazardous scenario recognized by the employee?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee supposed to be near the equipment/material?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the hazardous scenario visible to the employee?		
<input type="checkbox"/>	<input type="checkbox"/>	Was there sufficient space to conduct work activities?		
<input type="checkbox"/>	<input type="checkbox"/>	Were there any contributing environmental conditions? (noise levels, temperature, illumination, ventilation)		
List any other environment causal factors.				

Part 3 Employee – activities conducted by the employee were a contributing factor			YES	NO
YES	NO	Causal Factors	Comments & Recommended Action(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Was there a written task/risk assessment or known rule for this work?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div>	
<input type="checkbox"/>	<input type="checkbox"/>	Does the current risk assessment anticipate this type of incident?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee aware of the proper procedure?		
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee deviate from the proper procedure?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the employee mentally and physically capable of performing the work?		
<input type="checkbox"/>	<input type="checkbox"/>	Was there a lack of required PPE utilization?		
<input type="checkbox"/>	<input type="checkbox"/>	Was appropriate PPE available		
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee know the PPE was required?		
<input type="checkbox"/>	<input type="checkbox"/>			

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Part 3 Employee (CONT'D) – activities conducted by the employee were a contributing factor			YES	NO
YES	NO	Causal Factors	Comments & Recommended Action(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Did the employee know how to use the PPE properly?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
<input type="checkbox"/>	<input type="checkbox"/>	Was available PPE used properly?		
<input type="checkbox"/>	<input type="checkbox"/>	Was the PPE adequate?		
List any other employee causal factors.				

Part 4 Supervision – supervisory system was a contributing factor			YES	NO
YES	NO	Causal Factors	Comments & Recommended Action(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Was there a failure by management and/or supervision to detect a hazardous condition, deviation from safety policy or infrequently performed task?	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	
<input type="checkbox"/>	<input type="checkbox"/>	Was there a failure by management and/or supervision to take corrective action for a known hazardous condition, deviation from safety policy or infrequently performed task?		
<input type="checkbox"/>	<input type="checkbox"/>	Was managerial and/or supervisory responsibility for accident detection and prevention adequately defined and understood?		
<input type="checkbox"/>	<input type="checkbox"/>	Was management and/or supervision adequately trained to fulfill assigned responsibility for accident detection and prevention?		
List any other managerial/supervisory causal factors.				

Recommended Actions include, but are not limited to: re-training or new training, new and/or more equipment, new processes, responsibility assignments (clarified job and duty descriptions), revised or all-new risk assessments, changes in staff size or work assignment loads, etc.