

## FARM INCIDENT INVESTIGATION REPORT

<b>Incident or Occupational Illness Details:</b> <i>Tractor Fire During Harvest</i>		
Date & Time of Incident/Illness: <i>31.09.20XX</i>	Incident Location: <i>Home quarter</i>	
Date & Time Reported: <i>31.09.20XX</i>	Reported to Whom: <i>Tom Steves (farm owner)</i>	
Report Completed By: <i>Tom Steves</i>	<b>Employee(s) Involved in Investigation: (include witnesses: Name</b>	
Name of person involved directly: <i>Cody Smythe (operator)</i>	<i>Peter Johns (helper)</i>	
Hours worked prior to incident: <i>9 hrs</i>	Incident resulting from <input type="checkbox"/> Farm <input checked="" type="checkbox"/> Field <input type="checkbox"/> Other	Loss / Damage Occurred to: <input type="checkbox"/> Person <input type="checkbox"/> Facility <input checked="" type="checkbox"/> Equipment <input type="checkbox"/> All
<b>Description of Incident/Illness:</b> <i>Tractor engine caught fire while working stubble field. There were no injuries and fire was put out by the operator and helper using service truck fire extinguisher. Damage to the engine area and front of cab resulted from the fire and was extensive because tractor fire extinguisher did not work.</i>		

<b>Classification of Loss:</b>	
<input type="checkbox"/> NEAR MISS INCIDENT	<input type="checkbox"/> Unsafe Act <input type="checkbox"/> Unsafe Condition <input type="checkbox"/> Both
<input type="checkbox"/> INJURY	<input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Restricted Work <input type="checkbox"/> Lost Time <input type="checkbox"/> Illness <input type="checkbox"/> Fatality
<input checked="" type="checkbox"/> PROPERTY DAMAGE	<input type="checkbox"/> Design <input type="checkbox"/> Misuse <input type="checkbox"/> Did not follow Procedure <input type="checkbox"/> Natural <input type="checkbox"/> Theft / Vandalism <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Explosion <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Other: _____
<input type="checkbox"/> SPILL / RELEASE	<input type="checkbox"/> Human Error <input type="checkbox"/> Equipment failure <input type="checkbox"/> Procedure <input type="checkbox"/> Maintenance issue

<b>Outside Personnel Contacted (Fire Department, Emergency, OHS, etc.)</b>		
Name	Contact Number	Date / Time Contacted
<i>There was no need to call for help.</i>		

Sequence of Events			
Date	Time	Description	Source
<i>31.09.20XX</i>	<i>4:30pm</i>	<i>Moved to field and started working</i>	<i>Cody</i>
<i>31.09.20XX</i>	<i>5:50pm</i>	<i>Noticed smoke from under hood of tractor. Straw on top of engine had caught fire.</i>	<i>Cody</i>
<i>31.09.20XX</i>	<i>5:55pm</i>	<i>Called for help on radio. Tried to use tractor fire extinguisher but it did not work.</i>	<i>Cody</i>
<i>31.09.20XX</i>	<i>6:10pm</i>	<i>Peter finally arrived at tractor to help Cody with fire extinguishers from service truck.</i>	<i>Peter</i>
<i>31.09.20XX</i>	<i>6:05pm</i>	<i>Both workers put out fire.</i>	<i>Cody / Peter</i>

<b>Drawing (attach photos)</b>

<b>6. Indirect Causes: What failures to act/or conditions caused the event</b>
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<input type="checkbox"/>	Congested or Restricted Workspace	<input checked="" type="checkbox"/>	Using Defective or Unsafe Equipment	<input type="checkbox"/>	Driving Errors
<input type="checkbox"/>	Drug/Alcohol Influence	<input checked="" type="checkbox"/>	Environmental Conditions (Smoke, Fumes, Dust)	<input type="checkbox"/>	Equipment Operator Error
<input type="checkbox"/>	Failure to Follow Rules	<input type="checkbox"/>	Failure to Follow Safe Work Procedures	<input type="checkbox"/>	Failure to Get Assistance
<input type="checkbox"/>	Failure to Secure	<input type="checkbox"/>	Failure to Tag out/Lock out	<input type="checkbox"/>	Failure to Use Appropriate PPE
<input type="checkbox"/>	Failure to Warn or Instruct	<input type="checkbox"/>	Fire/Explosion Hazard	<input type="checkbox"/>	Horseplay or Fighting
<input type="checkbox"/>	Improper Guards or Barriers	<input type="checkbox"/>	Improper Labeling	<input type="checkbox"/>	Improper Lifting, Pushing or Pulling
<input type="checkbox"/>	Improper Loading or Stacking	<input type="checkbox"/>	Improper Placement or Storage	<input type="checkbox"/>	Noise
<input type="checkbox"/>	Improper PPE	<input type="checkbox"/>	Improper Use of Equipment or Tools	<input type="checkbox"/>	Mobile Radio/Cell Phone Use
<input type="checkbox"/>	Inadequate Warning System	<input type="checkbox"/>	Inadequate/Excessive Lighting	<input type="checkbox"/>	Wearing Inappropriate Clothing
<input type="checkbox"/>	New or Modified Equipment	<input type="checkbox"/>	Uneven Ground Conditions	<input type="checkbox"/>	Removing or Bypassing Safety Device
<input type="checkbox"/>	Operating at Unsafe Speed	<input type="checkbox"/>	New or Modified Procedure	<input type="checkbox"/>	Servicing Equipment in Operation
<input checked="" type="checkbox"/>	Poor Housekeeping	<input checked="" type="checkbox"/>	Proper Tools or Equipment not Available	<input type="checkbox"/>	ZZ - Other (Add Notes)

<b>Basic Causes (related to the circumstances that allowed the incident to occur. Ask why the indirect conditions existed.)</b>
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<input type="checkbox"/>	Abuse or Misuse	<input type="checkbox"/>	Equipment Wear and Tear	<input type="checkbox"/>	Physical Stress or Fatigue
<input checked="" type="checkbox"/>	Inadequate Inspections	<input checked="" type="checkbox"/>	Inadequate Maintenance	<input type="checkbox"/>	Lack of Skill
<input type="checkbox"/>	Inadequate Mental Capability	<input type="checkbox"/>	Inadequate Work Standards or Procedures	<input type="checkbox"/>	Inadequate Physical Capability
<input type="checkbox"/>	Inadequate Tools, Equipment or Materials	<input type="checkbox"/>	Mental Stress or Fatigue	<input type="checkbox"/>	Inadequate Supervision or Leadership
<input type="checkbox"/>	Lack of Training or Knowledge	<input type="checkbox"/>	ZZ - Other (Add Notes)	<input type="checkbox"/>	ZZ - Other (Add Notes)

Root Cause (where the system failed)	Comment
Inadequate standards	<i>There was no pre-use inspection program setup. Lack of inspection on tractor did not identify the straw fire hazard in engine compartment.</i>
Inadequate compliance with the standards	<i>Maintenance on tractor fire extinguisher was not done according to farm equipment expectations.</i>
Inadequate systems	<i>Program does not have a requirement to check and see if equipment was in field ready condition.</i>
Other:	

**8. Corrective Actions: Describe Actions Taken and Follow up that will be Taken to Prevent Reoccurrence. Include dates for implementation with corrective actions.**

Action: <i>Setup pre-use inspection program to check equipment for fire dangers before going to field.</i>	Person assigned <i>Cody Smythe</i>	Date completed <i>30.11.20XX</i>
Action: <i>Setup program to inspect all farm fire extinguishers and make sure they are ready for use.</i>	Person assigned <i>Tom Steves</i>	Date completed <i>30.11.20XX</i>
Action	Person assigned	Date completed
Action	Person assigned	Date completed

**9. Reporting & Investigation Stage:      10. Investigation Completion Signing Off:**

<b>Tracking Information</b>		Person completing investigation: <i>Tom Steves</i>	Date: <i>30.11.20XX</i>
Update	Date:	Review with all Farm Workers:	Date: <i>01.12.20XX</i>
Final Reporting <i>Tom Steves</i>	Date: <i>30.11.20XX</i>	Farm Manager Final Review:	Date: <i>05.12.20XX</i>