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| --- | --- |
| **Company:**  **公司名称:** | active number:  事件编号: |
| **Place of accident:**  **事故发生地点：** | Time of accident:  事故发生时间： |
| **Sequence of events: Description of the work activities and the accident occurrence**  **事件经过：作业及事故发生经过描述** | |
| **Does a risk assessment / job safety analysis for the activity exist?**  **是否针对该作业内容进行过风险评估/工作安全分析？**  **Yes  No** | |
| **Last documentation of work based safety training? (please attach) Date:**  **最近一次针对相关工作进行安全培训的证明文件？（如有请附上）： 日期：** | |

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| **Checklist to determine possible causes (add details in „Active“)**  **原因调查核查表（请在“事件”表中提供具体信息）** | | |
| Workplace design, Order and Cleanliness 工作场所的设计，秩序及清洁度 | Defective devices / machines / tools; Device, material unsuitable 设备、机械、工具缺陷，设备、材料不适用 | Workplace environment (lighting, noise, climate, safety signs) 工作场所的环境（照明，噪音，气候，安全标识） |
| No or not adequate schooling / training / instruction 没有或者没有充分进行教育/培训/指导 | Lack of Communication缺乏沟通 | Missing or not adequate guidelines / procedures 没有或者没有完善的工作准则/标准作业流程 |
| Personal protective equipment is not suitable for the job个人防护设备不适用于该项工作 | High workload, several tasks at the same time 高工作负荷，多项工作同时进行 | not wearing personal protective equipment (PPE) 没有佩戴个人防护装备（PPE） |
|  | Guidelines / procedures were not followed 未遵守工作准则/标准作业流程 | organizational failure : missing planning , supervision etc. 组织失误：缺乏计划，监督等 |

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| **Root Cause and Corrective measures (add details / status in „Active“)**  **根本原因及整改办法（请在“事件”表中提供具体信息及状态）** | | | |
|  | **5-Why?: Root Cause**  **5个为什么？根本原因** | **Measures**  **整改办法** | **Responsible / Date**  **责任人/时间节点** |
| Technology  Technique  技术技能 |  | Technical solutions to avoid the accident?  避免事故的技术措施 |  |
| Organization  组织管理 |  | Possibilities for improvement in organization to avoid the accident?  通过优化组织管理，避免事故的方式方法 |  |
| Behavior  Superior  管理人员行动 |  | Leadership management measures to avoid the accident? 管理层采取的措施，以避免事故再次发生？ |  |
| Behavior  Employee  员工行动 |  | Behavior based safety measures of employees to avoid the accident? 基于员工行为的安全措施，以避免事故再次发生？ |  |

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| --- | --- | --- | --- |
| Preparation  筹备    Date 日期 / Signature 签字 | Line manager  直线经理    Date 日期 / Signature 签字 | Safety expert  安全专家    Date 日期 / Signature 签字 | Additional participants  其他参与人员    Date 日期 / Signature 签字 |

**If applicable add photo documentation / sketches / descriptions!**

**如适用，请附上图片/草图/说明。**

**Explanations regarding the Internal Accident Analysis (root cause analysis)**

**关于“内部事故分析表”的说明（根本原因分析）**

**Sequence of events – What has happened事件经过— 发生了什么：**

The sequence of events is required to determine and describe the cause of the accident as precise as possible and to gather information regarding the root cause which led to the accident. Pictures and sketches that show the cause of events should be attached to the report if possible.

The description of events includes answers to the following questions:

* What has happened in detail? – cause of events –
* Handling of tools or machines?
* Where did the incident happen?
* When, at which time, was the accident?
* Were other people involved? Did anyone see the accident?
* What were the consequences of the accident?

This description is not supposed to be a copy of the insurance accident report but rather a detailed description of the sequence of events for internal purposes.

此处要求详实准确的描述事发经过，判定事发原因，并对事故诱因进行信息收集。请尽量附带事故图片及草图。且事件描述需涵盖下列问题：

* 具体发生了什么？ - 事件的原因 -
* 是否进行了工具或机械的操作？
* 事故的发生地点在哪里？
* 事故是何时发生的（日期，时间点）？
* 事故是否涉及其他人？是否有人目睹事故经过？
* 事故造成怎样后果？

描述不可简单的复制保险事故报告，而是内部用途的详尽事故阐述。

**Checklist to determine possible causes原因调查核查表:**

The checklist summarizes some, not all possible, root causes. The list contains most frequent causes for accidents and can be extended (blank fields) if necessary.

The “Active” program, to report and analyze accidents, provides a more extensive list of possible causes which can be transferred to the blank field.

此处已总结了部分最常见事故原因，如需补充，可填写在空白处。用于进一步分析及汇报事故的 “事件”表中，总结了更多的事故原因，如有适用内容，可直接复制到此处。

**Root Causes and Corrective measures根本原因及整改办法**

This section classifies the accident within the operating processes, the workflow, the work order and operating conditions. It integrates the investigation what tasks and activities the affected person did prior to the occurrence of the accident.

To find out the root cause the **5-Why method** is an appropriate tool (not limited to 5 questions).

It can be distinguished in technical, organizational or behavioral root causes for the accident.

After having assessed the causes for the accident, it is necessary to define measures to prevent similar accidents in the future.

The Priority for corrective measures should be as follows:

1. Eliminate danger; hazard if possible
2. Initiate technical measures
3. Organizational measures: Trainings, Guidelines and procedures, Labeling, Warnings, safety signs etc.
4. Personal protective equipment (PPE)

Further action planning - implementation and documentation - should be documented via “Active”.

此处对运营工序，工作流程，工作指令和运营条件进行了划分，并对相关人员在事故发生前的工作任务和实际行为进行调查。

“5个为什么”方法，是找出事故根本原因的有力工具（不限5题）。通过回答这5个问题，可以将事故原因从技术，组织管理方面或行为方面进行区分。通过事故原因分析，定义整改办法，避免类似事故再次发生。

整改办法的优先级如下：

1. 消除危险及可能的危害
2. 采取技术措施
3. 组织管理措施：培训，工作准则/标准作业流程，标签，警示，安全标志等
4. 个人防护装备（PPE）

其他行动计划（实施及文档）需要归档在“事件”表格中。