5-WHY Analysis Form

Company	Date of Incident (MM/DD/YYYY)	Time of Incident (HH:MM AM/PM)

Form Originator's Name	Date of Investigation (MM/DD/YYYY)	Primary Metric Affected *(See options below)*

Project Name	Location (Address)	Event Type *(See options below)*

Problem Description, Current Situation (Who? What? Where? When? Why? How?)

Analysis *(not all "Whys" have to be answered if the root cause is discovered before getting to the last question)*	
1. Why did the problem occur?	
2. Why did number 1 occur?	
3. Why did number 2 occur?	
4. Why did number 3 occur?	
5. Why did number 4 occur?	

Immediate Actions Taken	
1.	
2.	
3.	

Corrective Actions (Long Term)		Person Responsible	Due Date	Complete Date
1.				
2.				
3.				
4.				
5.				

HSE Manager Name: _____ **HSE Manager Signature:** _____ **Date:** _____

Primary Metric Affected	Event Type
Cost	Environmental
Environmental	First Aid
Safety	Near Miss
Quality	Property Damage
	Safety
	Security
	Underground Line Strike
	Unplanned Outage
	Vehicle/Equipment