

Accident Investigation Report

Please complete this form as soon as possible after an incident that results in serious injury or illness occurs. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of Incident:

Step 1: Complete this part for each Injured Employee

Company Name

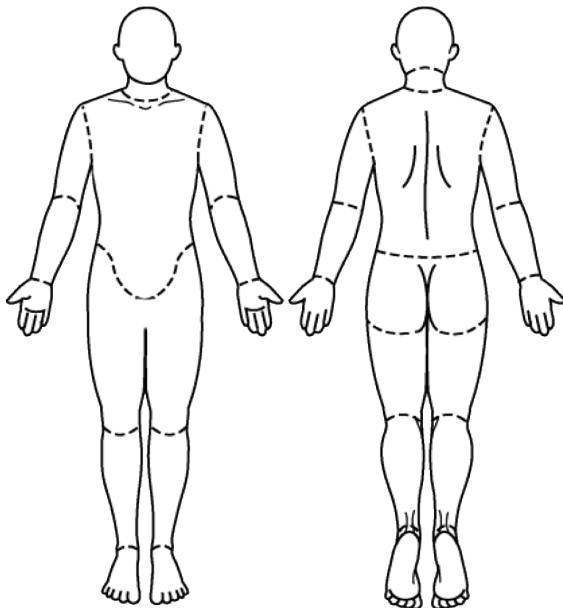
Injured Employee Name:

Sex: Male Female Age:

Department:

Job title at time of incident:

Part of body affected: (shade all that apply)



Nature of injury:

(most serious one)

- Abrasion, scrapes
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Concussion (to the head)
- Crushing Injury
- Cut, laceration, puncture
- Hernia
- Illness
- Sprain, strain
- Damage to a body system: (e.g. nervous, respiratory or circulatory system)
- Other:

This employee works:

- Regular Full-Time
- Regular Part-Time
- Seasonal
- Temporary

Months with this employer:

Months doing this job:

Step 2: Describe the Incident

Address of where the incident occurred:

City:

State:

Zip Code:

Exact location of the incident:

Exact Time:

AM PM

What part of employee's workday: Entering or leaving work

Doing normal work activities During break

Doing normal work activities

During meal period

Working overtime

Other

Name of Witness(es) if any:

Number of attachments:

Written witness statements:

Photographs:

Maps/drawings:

What personal protective equipment was being used (if any)?

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Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of needed personal protective equipment
- Lack of appropriate equipment/tools
- Unsafe clothing
- Other:

Unsafe acts by people: (Check all that apply)

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective equipment
- Unsafe lifting by hand
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment/tools
- Other:

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Was there a basis (such as “the job can be done more quickly” or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe:

Where the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No

Step 4: How can future incidents be prevented?

- What changes:** Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
 Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
 Routinely inspect for the hazard Personal Protective Equipment Other:

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets

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Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Description continued on attached sheets

Reviewed by:

Title:

Date: