

ACCIDENT INVESTIGATION REPORT

REPORT # _____

COMPANY: _____

ADDRESS: _____

1. Name of injured: _____ S.S. #: _____

2. Sex: M F Age: _____ Date of accident: _____

3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____

4. Employee's job title: _____

5. Length of experience on job: _____ (years) _____ (months)

6. Address of location where the accident occurred: _____

7. Nature of injury, Injury type, and Part of the body affected: _____

8. Describe the accident and how it occurred: _____

9. Cause of the accident: _____

10. Was personal protective equipment required? yes no Was it provided? yes no
Was it being used? yes no If "no", explain: _____

Was it being used as trained by supervisor or designated trainer? yes no If "no",
explain. _____

11. Witness(es): _____

12. Safety training provided to the injured? yes no If "no", explain: _____

13. Interim corrective actions taken to prevent recurrence: _____

14. Permanent corrective action recommended to prevent recurrence: _____

15. Date of report _____

Prepared by: _____

Supervisor (Signature) _____ Date: _____

16. Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (Signature) _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: This section is self-explanatory.

(Item 7) Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture. **Injury Type:** First aid -injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time -injured missed more than one day of work; No Injury - no injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

(Item 8) Describe the accident: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Item 9) Cause of the accident: Describe all conditions or acts which contributed to the accident, i.e.,

- a. Unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
- b. Unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

(Item 10) Personal protective equipment: Self-explanatory

(Item 11) Witness(es): List name(s), address(es), and phone number(s).

(Item 12) Safety training provided: Was any safety training provided to the injured related to the work activity being performed?

(Item 13) Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

(Item 14): Self-explanatory

(Item 15): Self-explanatory

(Item 16) Follow-up: Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.