

# 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.