

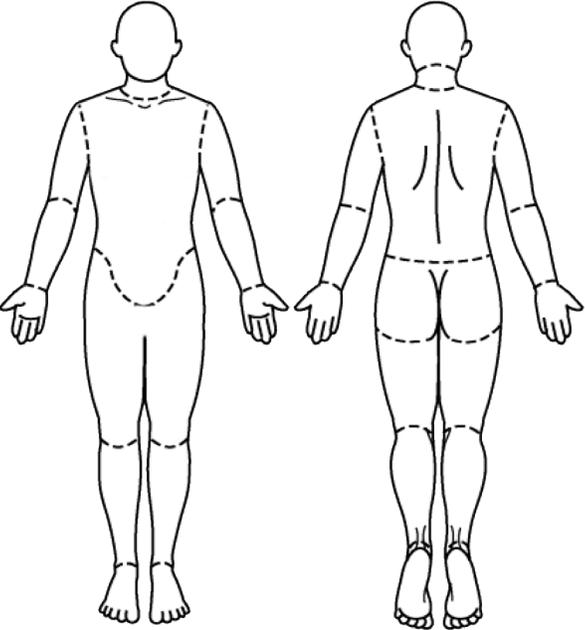
Accident Investigation Report

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: <input type="checkbox"/> Male <input type="checkbox"/> Female Age:
Department:		Job title at time of incident:
Part of body affected: (shade all that apply)	Nature of injury: (most serious one)	This employee works:
	<input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: (e.g. nervous, respiratory or circulatory system) <input type="checkbox"/> Other:	<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Regular Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> 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 (i.e. specific room):		Exact Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	
What part of employee's workday:	<input type="checkbox"/> Entering or leaving work	<input type="checkbox"/> Doing normal work activities	
<input type="checkbox"/> During meal period	<input type="checkbox"/> During break	<input type="checkbox"/> Working overtime	<input type="checkbox"/> Other
Name of Witness(es) if any:			

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Number of attachments:	Written witness statements:	Photographs:	Maps/drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury: (Include names of any machines, parts, objects, tools, materials and other important details)			
<input type="checkbox"/> Description continued on attached sheets			

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
- No training or insufficient training
- 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
- Using equipment in an unapproved way
- 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:

Were 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

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Step 4: How can future incidents be prevented?

What changes:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Stop this activity | <input type="checkbox"/> Guard the hazard | <input type="checkbox"/> Train the employee(s) | <input type="checkbox"/> Train the supervisor(s) |
| <input type="checkbox"/> Redesign task steps | <input type="checkbox"/> Redesign work station | <input type="checkbox"/> Write a new policy/rule | <input type="checkbox"/> Enforce existing policy |
| <input type="checkbox"/> Routinely inspect for the hazard | <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Other: _____ | |

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

Description continued on attached sheets

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: