

Attention: This form contains information relating to employee health and other privacy concerns and must be used in a manner that protects the confidentiality of employees to the fullest extent possible while the information is being used for occupational safety and health purposes.

Accident Investigation Report

Reason for report: ___ Injury ___ Illness ___ Accident ___ Fatality

Primary Investigator's name: _____ Investigation date: _____

Job title: _____ Phone: _____

Investigator(s): _____

Employee Injury/Property Damage Information

Employee name: _____ Date of birth: _____

Occupation: _____ Phone: _____

Sex: Male Female (circle one)

Date and time of injury/damage: _____ Time: _____ AM / PM

Exact location of the accident: _____

Witnesses: _____

Did the accident result in the death of one or more persons? Yes No

Did the accident result in the hospitalization of three or more persons? Yes No

Was medical treatment provided? Yes No

Was this a recordable injury or illness? Yes No

If so, describe the treatment:

Did the employee lose time from work? Yes No

Was the employee placed on restricted or light duty, or transferred to another job? Yes No

If so, describe: _____

Amount of property damage: \$

Accident Account

Describe the accident (in the sequence that events occurred):

Describe the extent of injury or illness and body parts affected/property damage:

Specify the hazardous condition (source of unsafe energy or hazardous material):

Specify the unsafe act:

Discussion

Direct Causes—Energy Sources or Hazardous Materials

Discuss the specific energy sources (e.g., moving object or machine part) or hazardous materials, including how and why the sources or materials resulted in injury or property damage:

Indirect Causes—Unsafe Acts or Hazardous Conditions

Discuss the normal or expected safe work conditions and practices, and the deviations from such conditions and practices that resulted in the injury or property damage:

Basic Causes—Management Policies, Personal, or Environmental Factors

Was injury or damage caused by employee's willful misconduct, intoxication, or intent to injure self or another? Yes No

If yes, describe (use reverse)

Was the incident a result of violation of established safety policies? Yes No

If yes, explain (use reverse)

Has the employee received training to perform this procedure safely? Yes No

If no, explain (use reverse)

Was adequate personal protective equipment provided for the required tasks? Yes No

If no, explain (use reverse)

Are changes necessary in the operations or procedures to prevent this type of incident in the future? Yes No

If yes, explain (use reverse)

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts: _____

Recommended Corrective Actions

Describe recommendations for corrective action(s):

Schedule for the completion of corrective action(s):

Primary Investigator's

Signature: _____

Signature (print): _____

Date: _____

Distribution: Employee, Employee's Supervisor, Safety Representative
[Insert Department]