#### Accident Investigation Report

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

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| This is a report of a: ❑ Death ❑ Lost Time ❑ Dr. Visit Only ❑ First Aid Only ❑ Near Miss | |
| Date of incident: | This report is made by: ❑ Employee ❑ Supervisor ❑ Team ❑ Other\_\_\_\_\_\_\_\_\_ |

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| **Step 1: Injured employee (complete this part for each injured employee)** | | | |
| Name: | Sex: ❑ Male ❑ Female | | Age: |
| Department: | Job title at time of incident: | | |
| Part of body affected: (shade all that apply)  Body Diagram | 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:  ❑ Other \_\_\_\_\_\_\_\_\_\_\_ | This employee works:  ❑ Regular full time  ❑ Regular part time  ❑ Seasonal  ❑ Temporary | |
| Months with  this employer | |
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| Months doing  this job: | |
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| **Step 2: Describe the incident** | |
| Exact location of the incident: | Exact time: |
| What part of employee’s workday? ❑ Entering or leaving work ❑ Doing normal work activities  ❑ During meal period ❑ During break ❑ Working overtime ❑ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Names of witnesses (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.  Description continued on attached sheets: ❑ | | | |

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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  ❑ 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  ❑ 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? | |
| Is there a reward (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 | |

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| **Step 4: How can future incidents be prevented?** |
| **What changes do you suggest to prevent this incident/near miss from happening again?**  ❑ 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:  Department: | Title:  Date: | |
| Names of investigation team members: | | |
| Reviewed by: | | Title:  Date: |