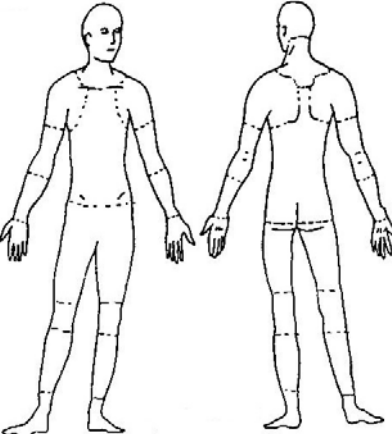


## Accident Investigation Report

**Instructions:** Complete this form as soon as possible after an accident 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.*)

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Final Report

Step 1: Injured employee (complete this part for each injured employee)		
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:	Job title at time of accident:	
Part of body affected: (shade all that apply)  	Nature of injury: (most serious one) <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: <input type="checkbox"/> Other _____	This employee works: <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:
		(EG: nervous, respiratory, or circulatory systems)

Step 2: Describe the accident			
Exact location of the accident:			Exact time:
What part of employee's workday? <input type="checkbox"/> During meal period	<input type="checkbox"/> Entering or leaving work <input type="checkbox"/> During break	<input type="checkbox"/> Doing normal work activities <input type="checkbox"/> Working overtime	<input type="checkbox"/> Other
Names of witnesses (if any):			
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: <input type="checkbox"/>			

**Step 3: Why did the accident 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?

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 accident?

Yes  No

Have there been similar accidents or near misses prior to the accident?

Yes  No

**Step 4: How can future accidents be prevented?**

What changes do you suggest to prevent this accident/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:

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date: