#### 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: |