

ACCIDENT /INCIDENT INVESTIGATION REPORT FORM			DATE:	
Employee Name (Last, First, MI)			Employee Id number:	
Job Title:	Age:	DOB:	Sex:	
Address:	City:	State:	Zip Code:	
Project Name:	Project Address:			
Closest Intersection or Landmark:				
_____ Accident/Incident Occurred Inside Structure			_____ Accident/Incident Occurred Outside	
Conditions Including Weather if Applicable				
_____ Temperature: _____				
Other Conditions Affecting Accident/Incident If Applicable:				
Date and Time Accident/Incident Occurred:		Time Accident/Incident Reported:		Time Injured Worker Started Work:
Foremans Name and Telephone/Cell Number:				
Describe the task being performed prior to ACCIDENT/INCIDENT:				
Describe HOW the ACCIDENT/INCIDENT occurred:				
Describe HOW the INJURY occurred, if applicable:				
<u>Office use only</u>				
By Whom:			Reportable ___ Non Reportable ___	
Date and Time:				

NATURE OF INJURY, IF APPLICABLE

Abrasion		Crush Injury		Hearing loss
Amputation		Cut		Heat Stress
Asphyxiation		Dermatitis		Multiple Injury
Bruise		Dislocation		Poisoning
Burn (chemical)		Dust diseases		Puncture
Burn (heat)		Electric Shock		Sprain/Strain
Cold Stress		Fracture		Swelling
Concussion				Other

PART OF BODY INJURED, IF APPLICABLE

Abdomen		Eye		Knee
Ankle		Face		Leg
Arm		Finger		Multiple Parts
Back		Foot		Neck
Chest		Hand		Shoulder
Ear		Head		Toe
Elbow		Hips		Wrist

INCIDENT TYPE, IF APPLICABLE

Body reaction		Fall on Same Level		Slips/Trips
Caught in/under/between		Friction		Struck By
Chemical contact		Lifting		Struck Against
Electrical Contact		Overexertion		Vehicle Accident
Fall from elevation		Property Damage		

UNDERLYING CAUSES

<u>Unsafe Acts</u>	<u>Unsafe Conditions</u>
Alcohol	Extreme Temperature Exposures
Failure to Follow safe work practices	Hazardous Environment
Failure to use material handling equipment	Inadequate Maintenance
Horseplay	Lack of Supervision
Illegal Drugs	Limited training/lack of experience
Improper Lifting Techniques	Missing guards or barriers
Improperly services energized equipment	Weather Conditions
Operated without authorization	Poor housekeeping
Poor/incorrect work technique	Poor Lighting
Prescription Drugs	Protective Equipment not available
Protective equipment not used	Slippery conditions
Removed safety guard or devices	Other
Unsafe Equipment	
Used Equipment/tools in unsafe manner	
Other	

PERSONAL FACTORS

Not Physically fit or suited to the task		Lack of knowledge	
Extreme fatigue		Other	
Improper Motivation/attitude			

JOB FACTORS

<u>Tools and Equipment</u>		<u>Work Standards</u>	
Improper adjustment/repair/maintenance		Inadequate maintenance of standards/policies	
Improper extension of service life		Lack of Development of standards/policies	
Improper substitution		Poor communication of standards	
Improper use		Standards/procedures/rules not followed	
Inadequate inspection and/or monitoring			
Poor assessment of needs and risks			
Poor Maintenance			
Removal and Replacement of unsuitable parts			
Tool or Equipment in disrepair			
Tool or Equipment unavailable			

MAINTENANCE

Improper or Inadequate adjustment	
Improper Substitution of Parts	
Inadequate Maintenance	
Poor Communication of Maintenance Requirements	

MEDICAL TREATMENT DATA (If Applicable)

Was the employee taken to the hospital or clinic? _____ yes _____ no	Treatment Date:
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Name, Address & Phone Number of Hospital or Clinic:

Name, Address & Phone Number of Health Care Provider:

Are there any work restrictions? _____ Yes _____ No If Yes Please describe what they are, why they were issued and the anticipated duration of the restrictions:

CORRECTIVE ACTION TO PREVENT RECURRENCE:

What corrective action will be taken immediately:

What long term corrective action will be taken to prevent recurrence:

Signature of Employee:	Date:
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Signature of Supervisor:	Date:
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WITNESS REPORT

Your Name:

Name of Injured Employee:

Describe the task being performed at the time of the Accident/Incident:

Based on your observations, HOW did the Accident/Incident occur?

Where did the Accident/Incident occur? (Be specific)

Were ALL safety rules being followed?

_____yes _____no

Was ALL required personal protection equipment being used?

_____yes _____no

Were ALL required Safety Devices and Protective systems being used or implemented?

_____yes _____no

If you answered NO to any of the above questions, please describe)