



Accident Investigation Form

A. Employee Data		Claim # (if known):			
Date of accident:		Time:		A.M	P.M.
Employee Name:					
Working Title:		Dept.			
Employee Contact #:	Hm.		Wk.		Other
Supervisor Contact:				Wk	
B. Accident Description					
<p>Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes an official accounting of the facts surrounding the accident. When documenting the facts, include answers to the following questions:</p>					
<ol style="list-style-type: none"> Where did the accident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. What was happening at the time of the accident and why was it taking place? What were the events leading up to the accident? Describe the sequence in order and when they took place. What exactly caused the injury and how did it happen? What were the mechanics, equipment, or tools involved? Describe the injury or injuries incurred. What body part and what kind of injury? (Indicate if no injury occurred.) If a physical injury was avoided, what could have happened to cause an injury? 					



Accident Investigation Form

C. Accident Findings		
After review of all facts, what was the hazardous condition, unsafe work practice, or other causal factors (procedure, equipment, people, and environment) that contributed to the accident / injury?		
D. Corrective Action		
What is recommended to prevent this type of accident from occurring again?		
Actions taken to ensure recommendations are considered:		
Signature of Accident Investigator	Date	Time

Returned completed form to the Environmental Health & Safety/Risk Manager.

Maintain one copy in any retrievable format in the site file for a minimum of 3 years.

Note: Employee medical and exposure records must be maintained for the duration of employment plus 30.

Note: If a workers' compensation claim is filed, send to Human Resources, Corson Hall.



Accident Investigation Form

Instructions

Purpose of Form: Effective loss control efforts require documentation of accidents to determine hazards or problem areas, procedures, or systems and to perform trending. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. This form provides an outline of needed information.

Filing Deadline: If the accident resulted in the filing of a workers' compensation claim, the form must be received by Environmental Health and Safety/Risk Manager no later than the 7th calendar day after the filing of the worker's compensation form.

Completed by:

A. Employee Data

Complete the top of the form with the identifying information and the date and time of the accident. If a claim has been filed, complete the space for the claim number.

B. Accident Description

Attachment 1 contains benchmarked accident investigation procedures. Sufficient action is necessary to ensure that all facts surrounding the accident are obtained so that effective loss control procedures can be established to protect against future accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the accident happen and who was involved? Go to the scene. Provide a visual image of the location of the accident. The reader should be able to visualize the area and the surrounding environment. Include names of the people involved and interviewed.
2. What was happening at the time of the accident and why was it taking place? Document the sequence of events leading up to the accident. Include the activities surrounding the event and their purpose.
3. What exactly caused the injury and how did it happen? What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?
4. Describe any injury incurred, body parts and kinds of injuries. Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved. If an injury was avoided, what could have caused an injury?

C. Investigation Results

After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the accident/ injury?

D. Corrective Action

What is recommended to help prevent this type of accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes.

Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.