

Accident Investigation Report

Employee Form

Instructions to Employee

Use this form to report *all* work-related injuries, illnesses, or near-miss events (which could have caused an injury or illness), no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. Complete this form as soon as possible and give it to your supervisor for further action.

Type of report	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss
Your name	
Job title	
Supervisor's name	
Has your supervisor been informed of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date & time of incident	
Location of incident	
Witnesses (if any)	
What were you doing at the time?	
Describe step-by-step what led up to the incident. Continue on the back if needed.	

Accident Investigation Report

What could have been done to prevent this incident?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this incident? <input type="checkbox"/> Yes, see below <input type="checkbox"/> No	
Name and phone number of treating physician	
Date and time of appointment	
Has this part of your body been injured before? <input type="checkbox"/> Yes, date: <input type="checkbox"/> No	

Employee signature: _____

Name (print): _____

Date: _____

Accident Investigation Report

Supervisor Form

Instructions to Supervisor

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.)

Type of report	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss <input type="checkbox"/> Death		
Name of injured person		Gender	
Date of birth		Telephone number	
Position & department			
Status	<input type="checkbox"/> Regular full-time <input type="checkbox"/> Regular part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		
Address (Street, City, State, ZIP)			
Date & time of incident			
Part of workday	<input type="checkbox"/> Entering or exiting work <input type="checkbox"/> During normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other:		
Location of incident			
Witnesses (if any)			

Accident Investigation Report

Describe fully, step-by-step, how the accident happened. What was employee doing prior to the event? What equipment, tools, and personal protection equipment were being used? Continue on back if needed.

What caused the event?

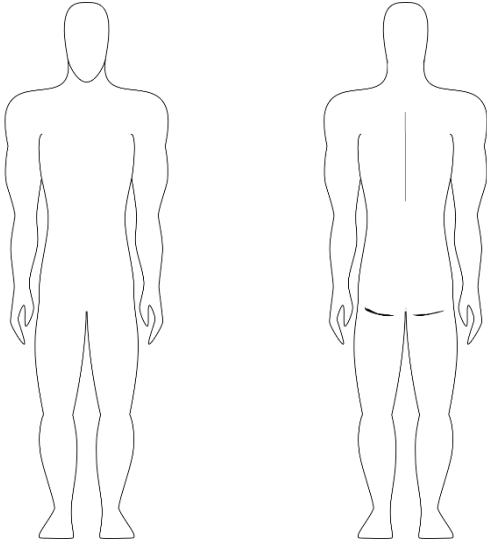
Were safety regulations in place and used? If not, what was wrong?

Was a doctor consulted about this incident?

☐ Yes, see below ☐ No

Name and phone number of treating physician

Accident Investigation Report

<p>Part of body affected (circle all that apply)</p> <div style="text-align: center;">  </div>	<p>Nature of Injury</p> <ul style="list-style-type: none"> <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:
<p>Unsafe Workplace Conditions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment or tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: 	<p>Unsafe Acts by People</p> <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment or tools <input type="checkbox"/> Other:

Accident Investigation Report

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? <input type="checkbox"/> Yes, describe below <input type="checkbox"/> No		
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What changes do you suggest to prevent this incident/near miss from happening again?		
<input type="checkbox"/> Stop this activity	<input type="checkbox"/> Redesign task steps	<input type="checkbox"/> Routinely inspect for the hazard
<input type="checkbox"/> Guard the hazard	<input type="checkbox"/> Redesign workstation	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Train the employee(s)	<input type="checkbox"/> Write a new policy/rule	<input type="checkbox"/> Other:
<input type="checkbox"/> Train the supervisor(s)	<input type="checkbox"/> Enforce existing policy	

Accident Investigation Report

What should be (or has been) done to carry out the suggestion(s) checked above?	
Attachments (write number of attachments in space provided)	<input type="checkbox"/> Written witness statements (____) <input type="checkbox"/> Photographs (____) <input type="checkbox"/> Maps/drawings (____)
Name & title of supervisor preparing this report	
Names of others on investigation team	

Supervisor signature: _____

Name (print): _____

Date: _____

Reviewer signature: _____

Name (print): _____

Date: _____