

# Accident Investigation Form



## Unique Report ID

**This is a Report of**  Death  Lost Time  Dr Visit  First Aid  Near Miss

**Report Completed By**  Employee  Supervisor  Safety Committee  Safety Manager  Other

**Date of Incident**

**Time of Incident**

## Step 1: Injured Employee (Complete this Part for Each Injured Employee)

**Name of Employee**

Male  Female

**Date of Birth**

**Job Title**

**Department**

**Shift Start Time**

**Shift End Time**

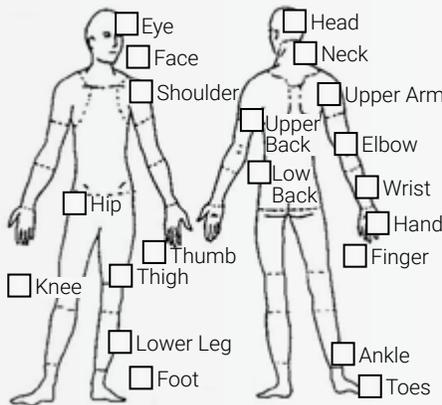
**Original Hire Date**

**Months in Current Job**

Regular Full Time  Seasonal

**Other Body Part Injured**

Regular Part Time  Temporary



**Nature of Injury**

**Accident Type**

**Accident Agent**

**Description of Injury**

**Safety regulations followed?**

Yes  No

## Step 2: Describe the Incident

**Exact Location of Incident**

**Exact Time of Incident**

**What part of the employee's workday?**

Entering or Leaving Work

**Number of Attachments**

**Other**

Performing Normal Workday Activities

Written Witness Statements  Temporary

During Meal Period

Maps or Drawings

During Break

Working Overtime

**Names of Witnesses (if any)**

Witness 1 Name

Witness 2 Name

Witness 1 Phone

Witness 2 Phone

Witness 1 Job Title

Witness 2 Job Title

Witness 1 Department

Witness 2 Department

**PPE Worn at Time of Incident**

Safety Glasses

Gloves

Welding Hood

Steel Toe Shoes

Safety Goggles

Hearing Protection

Bump Cap

Respirator

Face Shield

Slip Resistant Shoe

Hard Hat

Fall Protection

**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.**

### Step 3: Why Did the Incident Happen?

#### Unsafe Workplace Conditions

- Inadequate Guarding
- Unguarded Equipment
- Defective Safety Device
- Tool or Equipment Defective
- Hazardous Workstation Layout
- Unsafe Lighting
- Unsafe Ventilation
- Lack of Needed PPE
- Lack of Needed Equipment or Supplies
- Unsafe Clothing

#### Other Unsafe Conditions

#### Unsafe Acts by People

- Operating Without Permission
- Operating at Excessive Speed
- Servicing Energized Equipment
- Making Safety Device Inoperable
- Using Defective Equipment
- Using Equipment Improperly
- Lifting Unsafely
- Inadequate Guarding
- Taking Unsafe Posture
- Distracted, Horseplay, or Teasing
- Failure to Wear Appropriate PPE
- Inadequate Guarding
- Failure to Use Available Tools and Equipment

#### Other Unsafe Acts

#### Organizational Causes

- Less than Adequate Training
- Less than Adequate Supervision
- Less than Adequate Procedures
- Less than Adequate Communication of Safety Issues
- Less than Adequate Hazard Assessment
- Less than Adequate Hiring Practices
- Less than Adequate Accountability
- Less than Adequate Motivation
- Failure to Provide Needed Equipment or Supplies
- Failure to Address Known Safety Issues

#### Other Organizational Issues

**Why do unsafe conditions exist?**

**Where the unsafe acts or conditions reported prior to incident?**

Yes  No

**Have there been similar incidents or near misses prior to this one?**

Yes  No

**Why did the unsafe act occur?**

**Incentive for Desired Behavior**

**Deterrent to Undesired Behavior**

**Incentive for Undesired Behavior**

**Deterrent to Desired Behavior**

## Step 4: How can Future Incidents be Prevented?

### What changes do you suggest to prevent this incident/near miss from happening again?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Stop this Activity                  | <input type="checkbox"/> Guard the Hazard                 | <input type="checkbox"/> Train Employees    | <input type="checkbox"/> Train Supervisor      |
| <input type="checkbox"/> Redesign Task Step                  | <input type="checkbox"/> Redesign Workstation             | <input type="checkbox"/> New Policy or Rule | <input type="checkbox"/> Enforce Existing Rule |
| <input type="checkbox"/> Routinely Inspect<br>for the Hazard | <input type="checkbox"/> Personal Protective<br>Equipment | <input type="checkbox"/> Other              |  |

### What should be (or has been) done to carry out the suggestion(s) checked above?

## Step 5: Who Completed and Reviewed this Form?

**Report Written By**

**Title**

**Department**

**Date**

**Names of Investigators**

**Reviewed By**

**Title**

**Date**