

# Accident Investigation

## Accident Investigation Procedures

The supervisor at the location where the accident occurred will perform an accident investigation. The safety coordinator is responsible for seeing that the accident investigation reports are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees
- Review the equipment, operations, and processes to gain an understanding of the accident situation
- Identify and interview each witness and any other person who might provide clues to the accident's causes
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts
- Complete the accident investigation report
- Provide recommendations for corrective actions
- Indicate the need for additional or remedial safety training

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

# Accident Investigation Report

REPORT # \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1. Name of injured: \_\_\_\_\_ S.S. #: \_\_\_\_\_

2. Sex:  M  F Age: \_\_\_\_\_ Date of accident: \_\_\_\_\_

3. Time of accident: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Day of accident: \_\_\_\_\_

4. Employee's job title: \_\_\_\_\_

5. Length of experience on job: \_\_\_\_\_ (years) \_\_\_\_\_ (months)

6. Address of location where the accident occurred: \_\_\_\_\_

7. Nature of injury, Injury type, and Part of the body affected: \_\_\_\_\_

8. Describe the accident and how it occurred: \_\_\_\_\_

9. Cause of the accident: \_\_\_\_\_

10. Was personal protective equipment required?  yes  no

Was it provided?  yes  no

Was it being used?  yes  no If "no", explain: \_\_\_\_\_

Was it being used as trained by supervisor or designated trainer?  yes  no If "no", explain. \_\_\_\_\_

11. Witness(es): \_\_\_\_\_

12. Safety training provided to the injured?  yes  no If "no", explain: \_\_\_\_\_

13. Interim corrective actions taken to prevent recurrence: \_\_\_\_\_

14. Permanent corrective action recommended to prevent recurrence: \_\_\_\_\_

15. Date of report: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Supervisor (Signature) \_\_\_\_\_

Date: \_\_\_\_\_

16. Status and follow-up action taken by safety coordinator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Safety Coordinator (Signature) \_\_\_\_\_

Date: \_\_\_\_\_

# Instructions for Completing the Accident Investigation Report

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

**(Items 1-6) Identification:** This section is self-explanatory.

**(Item 7) Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture. Injury

**Type:** First aid -injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time -injured missed more than one day of work; No Injury - no injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

**(Item 8) Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

**(Item 9) Cause of the accident:** Describe all conditions or acts which contributed to the accident, i.e.,

- a. Unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
- b. Unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

**(Item 10) Personal protective equipment:** Self-explanatory

**(Item 11) Witness(es):** List name(s), address(es), and phone number(s).

**(Item 12) Safety training provided:** Was any safety training provided to the injured related to the work activity being performed?

**(Item 13) Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

**(Item 14):** Self-explanatory

**(Item 15):** Self-explanatory

**(Item 16) Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.