



## Accident Investigation Report

PAGE 1 OF 3

Please complete this form as soon as possible after an incide (Optional: Use to investigate a minor injury or near miss that could						
This is a report of a : Death Lost Time Dr.	Visit Only First Aid Only	Near Miss				
Date of Incident :						
Step 1: Complete this part for each Injured Employee						
Injured Employee Name:	Sex: Male [	Female <b>Age</b> :				
Department: Job t	itle at time of incident:					
Part of body affected: (shade all that apply)	Nature of injury: (most serious one)	This employee works: ☐ Regular Full-Time				
	Abrasion, scrapes	Regular Part-Time				
	☐ Amputation ☐ Broken bone	Seasonal				
	Bruise	☐ Temporary				
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Burn (heat)					
/·/\	☐ Burn (chemical)	Months with this employer:				
//h //\\	☐ Concussion (to the head)					
	Crushing Injury	Months doing this job:				
	Cut, laceration, puncture					
\ \ \ / \ \ \ _ \ \ _ /	☐ Hernia ☐ Illness					
1-11-1	☐ Sprain, strain					
\	☐ Damage to a body system:					
7117 HH	(e.g. nervous, respiratory or circulatory system)					
هر السلام	Circulatory System)					
~ W W	☐ Other:					
Address of where the incident occured:	cribe the Incident City:	State: Zip Code:				
	-	·				
Exact location of the incident (i.e. specific room):	Ex	act Time:				
What part of employee's workday:   Entering or leaving work   Doing normal work activities						
☐ During meal period ☐ During break	☐ Working overtime	☐ Other				
Name of Witness(es) if any:						



## **Accident Investigation Report**

PAGE 2 OF 3

Number of attachments:	Written witness statements	s: Photographs:	Maps/drawings:		
What personal protective equip	ment was being used (if any)	?			
<b>Describe, step-by-step the events that led up to the injury:</b> (Include names of any machines, parts, objects, tools, materials and other important details)					
		□ Description	a continued on attached chapte		
			n continued on attached sheets		
	Step 3: Why did the	incident happen?			
Unsafe workplace conditions: ((		Unsafe acts by people: (Chec	k all that apply)		
☐ Inadequate guard	I	Operating without permission	n		
☐ Unguarded hazard	I	Operating at unsafe speed			
☐ Safety device is defective		Servicing equipment that has	s power to it		
☐ Tool or equipment defective		Making a safety device inope	erative		
☐ Workstation layout is hazardous	3	Using defective equipment			
☐ Unsafe lighting		Using equipment in an unap	proved way		
Unsafe ventilation		Unsafe lifting by hand			
Lack of needed personal protect	tive equipment	Taking an unsafe position or	posture		
☐ Lack of appropriate equipment/	tools	Distraction, teasing, horsepla	ay		
☐ Unsafe clothing		Failure to wear personal pro	tective equipment		
☐No training or insufficient trainin	g	Failure to use the available e	equipment/tools		
Other:		Other:			
Why did the unsafe conditions of	exist?				
Why did the unsafe acts occur?					
Man diamanda and familia and fide	!-b b- d!-l				
Was there a basis (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?					
may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No If yes, describe:					
yoo, accomo.					
Were the unsafe acts or conditions reported prior to the incident? ☐ Yes		☐ Yes ☐ No			
Have there been similar incidents or near misses prior to this one?		☐ Yes ☐ No			



## Accident Investigation Report

PAGE 3 OF 3

Step 4: How can future incidents be prevented?					
What changes:					
☐ Stop this activity	☐ Guard the hazard	☐ Train the employee(s)	☐ Train the supervisor(s)		
Redesign task steps	Redesign work station	☐ Write a new policy/rule	☐ Enforce existing policy		
☐ Routinely inspect for the hazard	Personal Protective E	quipment			
What should be (or has been) done to carry out the suggestion(s) checked above?					
		☐ Description	n continued on attached sheets		
Step 5	: Who completed and revi	ewed this form? (Please F	Print)		
Written by:	·	Title:	,		
Department:  Names of investigation team	memhers:	Date:			
Names of mivestigation team	members.				
		· ·	n continued on attached sheets		
Reviewed by:		Title:			
		Date:			