



Accident Investigation Report

Please complete this form as soon as possible after an incident that results in serious injury or illness occurs.

(Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a : Death Lost Time Dr. Visit Only First Aid Only Near Miss

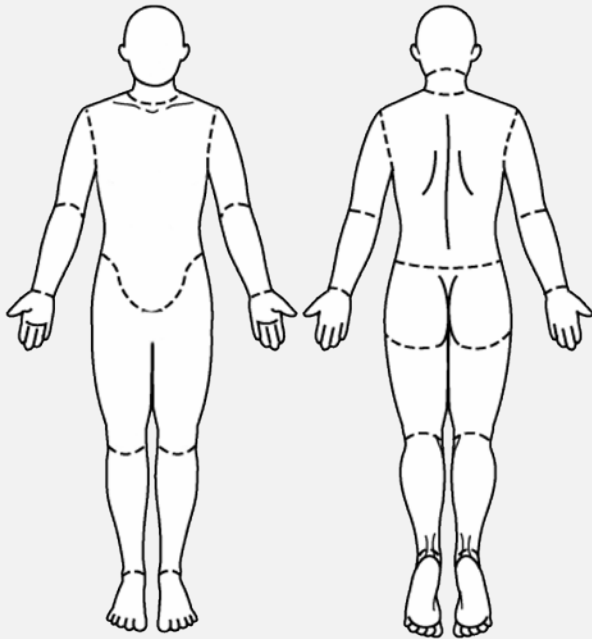
Date of Incident : _____

Step 1: Complete this part for each Injured Employee

Injured Employee Name: _____ Sex: Male Female Age: _____

Department: _____ Job title at time of incident: _____

Part of body affected: (shade all that apply)



Nature of injury:
(most serious one)

- Abrasion, scrapes
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Concussion (to the head)
- Crushing Injury
- Cut, laceration, puncture
- Hernia
- Illness
- Sprain, strain
- Damage to a body system:
(e.g. nervous, respiratory or circulatory system)
- Other:

This employee works:

- Regular Full-Time
- Regular Part-Time
- Seasonal
- Temporary

Months with this employer:

Months doing this job:

Step 2: Describe the Incident

Address of where the incident occurred: _____ City: _____ State: _____ Zip Code: _____

Exact location of the incident (i.e. specific room): _____ Exact Time: AM PM

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:



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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 Equipment
- Other: _____

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

Description continued on attached sheets

Step 5: Who completed and reviewed this form? (Please Print)

Written by:

Title:

Department:

Date:

Names of investigation team members:

Description continued on attached sheets

Reviewed by:

Title:

Date: