Incident/Accident Investigation Report

PERSONAL INJURY INFORMATION	
1. Employee's Name:	8. Supervisor's Name:
2. Social Security Number:	9. Body Part Affected:
3. Date of Birth:	10. Is this a new injury?
4. Date of Hire:	☐ YES ☐ NO If no, explain:
5. Job/position:	11. Time and Date of Incident:
6. Address:	12. Time and Date Reported:
	13. Exact Location of Accident:
	Department:
7. Phone Number:	Machine/tool used:

ACCIDENT DESCRIPTION (use supplemental form as needed)
14. Clear description of how accident occurred (Supervisor to complete)? Signature:
15. What were contributing factors leading to the accident (exp. Unguarded machine, lack of training, etc.)?
16. Employee's Statement: Signature:
17. Witness Names:

MEDICAL TREATMENT			
18. Did employee receive basic first aid?	☐ YES ☐ NO ☐N/A	Date: 12/2/07	Time:
What was provided?			
19. Did employee see a medical provider?	☐ YES ☐ NO ☐N/A	Date: 12/2/07	Time:
Name of provider? Work Health			
20. Was a prescription issued?	☐ YES ☐ NO ☐N/A	Pain medication	
21. Any lost workdays?	☐ YES ☐ NO ☐N/A	Date returned to work:	
22. Was employee issued work restrictions?	☐ YES ☐ NO ☐N/A		

a. Can lift up to _____20_____ pounds.		f. Should sit, stand or walk intermittently?	☐ YES ☐ NO
b. Single arm work only.	☐ YES ☐ NO	g. Should have stool or seat @ station?	☐ YES ☐ NO
c. No bending	☐ YES ☐ NO	h. No repetitive motion(>25 times a minute).	☐ YES ☐ NO
d. Only tasks below shoulders.	☐ YES ☐ NO	i. Can work partial shift only?	☐ YES ☐ NO
e. Other: keep hand dry		j. Other:	

23. Was employee scheduled for a revisit?	☐ YES ☐ NO ☐N/A	Date:
24. Were employees potentially exposed to blood or other fluids? No		
Names of potentially exposed employees.		

INCIDENT INVESTIGATION

25. What act, or absence of action, was the biggest contributor to this incident?

26. Direct/ Immediate Causes (supervisor complete)

a. Defective Tools/ Equipment	☐ YES ☐ NO ☐N/A	i. Improper use of tools	☐ YES ☐ NO ☐N/A
b. Unsafe work Procedures	☐ YES ☐ NO ☐N/A	j. Proper tools not available	☐ YES ☐ NO ☐N/A
c. Insufficient procedures	☐ YES ☐ NO ☐N/A	k. Unauthorized equipment use	☐ YES ☐ NO ☐N/A
d. Not following procedures	☐ YES ☐ NO ☐N/A	l. Guard removed/ guard needed	☐ YES ☐ NO ☐N/A
e. Improvising/ shortcuts	☐ YES ☐ NO ☐N/A	m. Poor housekeeping	☐ YES ☐ NO ☐N/A
f. Unaware of potential hazard	☐ YES ☐ NO ☐N/A	n. Violated safety rule	☐ YES ☐ NO ☐N/A
g. Lack of safety devices	☐ YES ☐ NO ☐N/A	o. Not wearing proper equipment	☐ YES ☐ NO ☐N/A
h. Not employees normal job	☐ YES ☐ NO ☐N/A	p. Other	

27. Root Causes

a. Employee unaware of hazard	☐ YES ☐ NO ☐N/A	k. Job design/ workstation layout	☐ YES ☐ NO ☐N/A
b. Complex procedures	☐ YES ☐ NO ☐N/A	l. Lighting	☐ YES ☐ NO ☐N/A
c. Unclear instruction	☐ YES ☐ NO ☐N/A	m. Equipment maintenance	☐ YES ☐ NO ☐N/A
d. Inadequate training	☐ YES ☐ NO ☐N/A	n. Weather Condition(Rain, Snow)	☐ YES ☐ NO ☐N/A
e. Inadequate comprehension	☐ YES ☐ NO ☐N/A	o. Excessive production pressure	☐ YES ☐ NO ☐N/A
f. Lack of skill/ knowledge	☐ YES ☐ NO ☐N/A	p. Communication error	☐ YES ☐ NO ☐N/A
g. Failure to recognize unsafe act	☐ YES ☐ NO ☐N/A	q. Lack of employee cooperation	☐ YES ☐ NO ☐N/A
h. Poor attitude	☐ YES ☐ NO ☐N/A	r. Other	
i. Personality conflict	☐ YES ☐ NO ☐N/A	s. No root cause, please explain:	
j. Lack of training	☐ YES ☐ NO ☐N/A		

CORRECTIVE ACTION/ PREVENTION

28. What action was or should be taken to prevent recurrence?

29. Corrective actions completed? ☐ YES ☐ NO ☐N/A	If no, estimated completion date?
30. Do you agree with employee description of accident? ☐ YES ☐ NO	
31. If no, explain:	
SHOP Manager Signature:	Ops Manager Signature:

***** Please Return To Company Administrator *****