BEACH SHOPS

ACCIDENT INVESTIGATION FORM

EMPLOYEE INFORMATION

LAST NAME, FIRST NAME | OCCUPATION/JOB TITLE | YRS. EXPERIENCE IN OCCUPATION

Full Address : **City/State :** **Zip Code:**

Department : **Date of Occurrence :** **Time :** AM/PM

Location : **Date Reported :** **Time :** AM/PM

☐ HAZARDOUS SITUATION ☐ INCIDENT ☐ FIRST AID ☐ CRITICAL INJURY

Describe what happened and the object or substance that caused the injury, if applicable, describe injury.

Describe the nature, date and time of first aid treatment, if applicable.

PART OF BODY INJURED (INDICATE "R", "L", OR "B", WHERE APPLICABLE)

☐ Head	☐ Upper Back	☐ Lower Arm	☐ Upper Leg	☐ Other:
☐ Eye	☐ Lower Back	☐ Wrist	☐ Knee	
☐ Neck	☐ Upper Arm	☐ Hand/Fingers	☐ Lower Leg	
☐ Shoulder	☐ Elbow	☐ Hip	☐ Ankle/Foot	

TYPE OF ACCIDENT/INCIDENT

Select statements that best describe the accident/incident:

☐ Repetitive Strain	☐ Struck, contacted by/with/against	☐ Cut/bruise	☐ Other:
☐ Acute Strain (lifting, pulling, carrying)	☐ Slip/fall	☐ Exposure to	
☐ Caught in/under/between	☐ Client/employee action	☐ Burn	

WITNESSES ☐ N/A (NO WITNESSES)

Name: **Address :** **Telephone :**

Name: **Address :** **Telephone :**

CAUSES (SELECT ALL THAT ARE APPLICABLE)

CONDITIONS

- ☐ Congestion or restricted action
- ☐ Poor housekeeping; disorderly workplace
- ☐ Slip/trip hazards
- ☐ Lack of or inappropriate furniture/equipment
- ☐ Design or arrangement of furniture/equipment
- ☐ Defective furniture, tools, equipment or materials
- ☐ Inadequate or excessive illumination
- ☐ Excessive noise
- ☐ Inadequate or improper protective equipment
- ☐ Fire and explosion hazards
- ☐ Inadequate warning systems
- ☐ Irate client/employee action
- ☐ Adverse weather
- ☐ Other (explain):

PRACTICES

- ☐ Improper body position/posture
- ☐ Tasks not varied/micro breaks not taken
- ☐ Unnecessary rushing
- ☐ Improper lifting
- ☐ Unsafe loading/placement
- ☐ Using defective equipment
- ☐ Using equipment improperly
- ☐ Altering or modifying equipment
- ☐ Not using personal protective equipment or failing to use it properly
- ☐ Not following appropriate procedures
- ☐ Inappropriate conduct
- ☐ Hazardous personal attire
- ☐ Other (explain):

What are the reasons for the existence of these practices and/or conditions?

PREVENTION/CORRECTIVE ACTION

Actions to prevent accident/incident recurrence. **Check those actions taken to prevent recurrence. Mark with (P) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.**

- ☐ Training/instruction of person involved
- ☐ Improve work procedures
- ☐ Inform staff/managers of safe work procedures
- ☐ Perform job safety analysis
- ☐ Inform staff/managers of hazard and how to protect themselves
- ☐ Notify appropriate individuals
- ☐ Improve engineering/design
- ☐ Improve inspection procedures
- ☐ Tools, equipment, furniture repair or replacement
- ☐ Request ergonomic assessment
- ☐ Correction of work area
- ☐ Recommend development/improvement to training/OHS program
- ☐ Reassess work standards
- ☐ Reassignment of person
- ☐ Improve housekeeping
- ☐ Other (explain):

CORRECTIVE ACTION COMPLETED BY: **COMPLETION DATE:**

Describe actions/prevention taken:

INVESTIGATED BY **Name (print) :**

Manager Signature : _____ **Date (mm-dd-yyyy) :** _____

REVIEW BY **Name (print) :**

HR/Safety Committee Member Signature : _____ **Date (mm-dd-yyyy) :** _____