BEACH SHOPS EMPLOYEE INFORMATION

ACCIDENT INVESTIGATION FORM

LAST NAME, FIRST NAME	OCCUPATION/JOB TITLE		YRS. EXPERIENCE IN OCCUPATION		
Full Address : City/St		ate:	Zip Code:		
Department :	Da	te of Occurrence :		Time :	AM/PM
Location :		Date Reported	:	Time :	AM/PM
HAZARDOUS SITUATION		FIRST AID	CRITICAL INJ	JRY	

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	Нір	Ankle/Foot		
TYPE OF ACCIDENT/INCIDENT					
Select statements that best describe the accident/incident:					
Repetitive Strain	S	ruck, contacted by/with/against	Cut/bruise	Other:	
Acute Strain (lifting, pulling, carrying)		ip/fall	Exposure to		
Caught in/under/between		ent/employee action 🗌 Burn			
WITNESSES 🗌 N/A (NO WITNESSES)					
Name:	ŀ	ddress :	Tele	phone :	
Name:	ŀ	\ddress :	Tele	phone :	

CAUSES (SELECT ALL THAT ARE APPLICABLE)

CONDITIONS	PRACTICES			
Congestion or restricted action	Improper body position/posture			
Poor housekeeping; disorderly workplace	Tasks not varied/micro breaks not taken			
Slip/trip hazards	Unnecessary rushing			
Lack of or inappropriate furniture/equipment	Improper lifting			
Design or arrangement of furniture/equipment	Unsafe loading/placement			
Defective furniture, tools, equipment or materials	Using defective equipment			
Inadequate or excessive illumination	Using equipment improperly			
Excessive noise	Altering or modifying equipment			
Inadequate or improper protective equipment	Not using personal protective equipment or failing to use it properly			
Fire and explosion hazards	Not following appropriate procedures			
Inadequate warning systems	Inappropriate conduct			
Irate client/employee action	Hazardous personal attire			
Adverse weather				
Other (explain):	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	Tools, equipment, furniture repair or replacement
Improve work procedures	Request ergonomic assessment
Inform staff/managers of safe work procedures	Correction of work area
Perform job safety analysis	Recommend development/improvement to training/OHS program
Inform staff/managers of hazard and how to protect themselves	Reassess work standards
Notify appropriate individuals	Reassignment of person
Improve engineering/design	Improve housekeeping
Improve inspection procedures	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) :