Accident Investigation Form

Last Name:	First Name:	Occupation/Job Title:	Yrs. Experience in Occupation:
Street Address:			
City/Town and State:			Postal Code
Department:		Date of Occurrence:	Time:
Location		Date Reported	Time

☐ Hazardous Situation ☐ Incident ☐ First Aid ☐ Health Care ☐ Lost Time ☐ 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" for right, "L" for left, or "B" for both, where applicable)

☐ Head	☐ Lower back	☐ Hand/fingers	☐ Ankle/foot
☐ Eye	☐ Upper Arm	☐ Hip	☐ Other
☐ Neck	☐ Elbow	☐ Upper leg	
☐ Shoulder	☐ Lower Arm	☐ Knee	
☐ Upper back	☐ Wrist	☐ Lower leg	

Type of Accident/Incident

Check off statements that best describe the accident/incident:

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

Witnesses ☐ There were no witnesses

Name	Telephone
Address	
Name	Telephone
Address	

Causes: Check 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
- ☐ Inadequate ventilation
- ☐ 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
- ☐ Request environmental assessment
- ☐ Correction of work area
- ☐ Recommend development/improvement to training/OHS program
- ☐ Reassess work standards
- ☐ Reassignment of person
- ☐ Improve housekeeping
- ☐ Other (describe):

Corrective Action Completed by:	Completion date:

Describe actions/prevention taken.

Investigated by:

Manager's Signature	Name (print)	Date (mm-dd-yyyy)

Review by:

H.R./Safety Committee Member Signature	Name (print)	Date (mm-dd-yyyy)

Copies forwarded as per Accident Investigation Procedures to the Safety Committee and H.R Dept.