**ACCIDENT INVESTIGATION REPORT
PART 1**

**Members Name:**

**Instructions:** Supervisors should use this form to report all work-related injuries, illnesses, or "near miss" incidents - no matter the severity. This aids in the identification and correction of hazards and in the prevention of future similar type injuries from occurring. The Supervisor is responsible for contributing to all pages of this report. The Supervisor and Injured Employee must complete the EMPLOYEE’s STATEMENT part of this report. All photos can be inserted as images in the Part 2 photo page. All pages must be completed.

This is a report of a work-related: [ ]  Injury [ ]  Illness [ ]  Near Miss [ ]  Fatality

Employee Name:       Department:

Supervisor’s Name:       Department:

Date of Occurrence:       Incident Time:       [ ] am [ ] pm

Loss of Work Time Began (if none, indicate N/A):

**INJURY TYPE** (Most serious, check all that apply)

[ ]  Burn -Heat/Chemical [ ]  Strain/Sprain/Break [ ]  Animal Bite/Sting [ ]  Fatality

[ ]  Cut, Laceration, Puncture [ ]  Inhalation/Reaction [ ]  Skin Irritation [ ]  Head Trauma

[ ]  Bruise [ ]  Abrasion Scrape [ ]  Human Bite [ ]  Ambulance Transport

[ ]  Needlestick [ ]  Eye Irritation/Cut/Scratch [ ]  Illness [ ]  Other

[ ]  Crushing Injury Explain:

Parts of the body affected:

**DESCRIPTION OF THE INCIDENT** (Where, What, Why, When, etc.)

Where, exactly, did the incident occur?

What was the injured employee doing at the time of the incident?

Describe, step-by-step, what led up to the incident (i.e., EE was pruning trees, while on ladder, slipped…).

**WITNESS INFORMATION (**List the names, titles & dept. of anyone witness to the incident.)

Name:       Title:

Dept./Other/Phone#:

:

Name:       Title:

Dept./Other/Phone#:

Name:       Title:

Dept./Other/Phone#:

Investigation report completed by:       Date:

Employee's Supervisor:       Date:

Department Head:       Date:

**CAUSES OF THE ACCIDENT**

Using the list below, please identify cause(s) or potential cause(s) that contributed to this incident.

Check all that apply.

[ ]  Improper instruction [ ]  Failure to lockout [ ]  Unsafe clothing

[ ]  Lack of training or skill [ ]  Inadequate lighting [ ]  Improper maintenance

[ ]  Operating without authority tool/eqpt [ ]  Inadequate ventilation [ ]  Unsafe/Defective

[ ]  Improper storage of chemicals [ ]  Unsafe lifting [ ]  Distraction

[ ]  Poor housekeeping [ ]  Inoperative safety device [ ]  Improper use of equipment

[ ]  Failure to use proper personal [ ]  Unsafe arrangement or process [ ]  Trip

 protective equipment [ ]  Physical or mental impairment [ ]  Slip/Wet or Icy surface

[ ]  Failure to use available tool/equipment [ ]  Slip/Fall same level [ ]  Caught/Between

[ ]  Struck by person [ ]  Slip/Fall from height [ ]  Vehicle incident

[ ]  Struck by object

Were the unsafe acts or conditions reported prior to the incident? [ ]  Yes [ ]  No

Have there been similar incidents or near misses prior to this one? [ ]  Yes [ ]  No

If 'Yes' provide explanation:

**ACCIDENT PREVENTION**

What changes are recommended to prevent future occurrences of similar incidents?

[ ]  Stop this activity/task [ ]  Enforce existing policy/procedure

[ ]  Redesign the activity/task [ ]  Develop a new policy/procedure

[ ]  Redesign the workstation [ ]  Additional personal protective equipment

[ ]  Train the employee(s) [ ]  Additional oversight by supervisor(s)

[ ]  Train the supervisor(s) [ ]  Routinely inspect for the hazard

[ ]  Other [ ]  No Change recommended at this time

 Explain:

**LIST BELOW RECOMMENDATIONS FOR PREVENTION AND IMPROVEMENT**

Recommendations:

What should be (or has been) done to facilitate the recommendations identified above?

**EMPLOYEE'S STATEMENT**

Employee needs to complete this form with along with the Supervisor to aid in the identification of hazards, deduce a corrective action and sign-off on corrective action completion.

Date of incident:       Where, exactly, did the incident occur?

Describe step-by-step, what led up to the incident; and include if proper protective equipment was being worn or provided.

What/How do you feel this could have prevented this incident/injury?

Was proper training provided?

Please provide corrective action or suggestion for preventing future similar type incidents.

Employee's Signature: Date:

 Name:

Supervisor’s Signature: Date:

 Name: