**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: