**Accident/Incident Investigation Form**

Employee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date M T W Th F S Su  am pm | |
| Age \_\_\_\_\_\_\_\_\_\_\_ | Male Female | Duration of incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hours) | |
|  |  | | Years on the Job \_\_\_\_\_\_\_\_ |

# Task Description

|  |  |
| --- | --- |
| Job Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Direct Superior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Nature of Task being carried out \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

# Type of Incident

|  |  |  |  |
| --- | --- | --- | --- |
| Caught-In/On/Between | Exposure | Foot-Level-Fall | Struck-Against |
| Contact-With | Fall-To Below | Over-Exertion | Struck-By |

**Description of Incident** / Employee Interview Summary

Sketch

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Incident Source

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal | Electrical | Hand Tool | Packing Equipment | Surface |
| Chemicals | Finished Products | Hoisting | Plant | Thermal | |
| Clothing | Fixtures | Hydraulic | Pneumatic | Vehicles | |
| Combustion Products | Furniture | Ladder/Scaffold | Process Equipment |  |
| Confined Spaces | Grass Items | Material Handling Equipment | Radiation |  |
| Containers | Gravity | Mechanical | Raw Materials (Nonchemical) | |

Sketch

**Task Being Performed During Incident**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Written Procedure, Program, and Training Documentation Review Performed?** Yes No

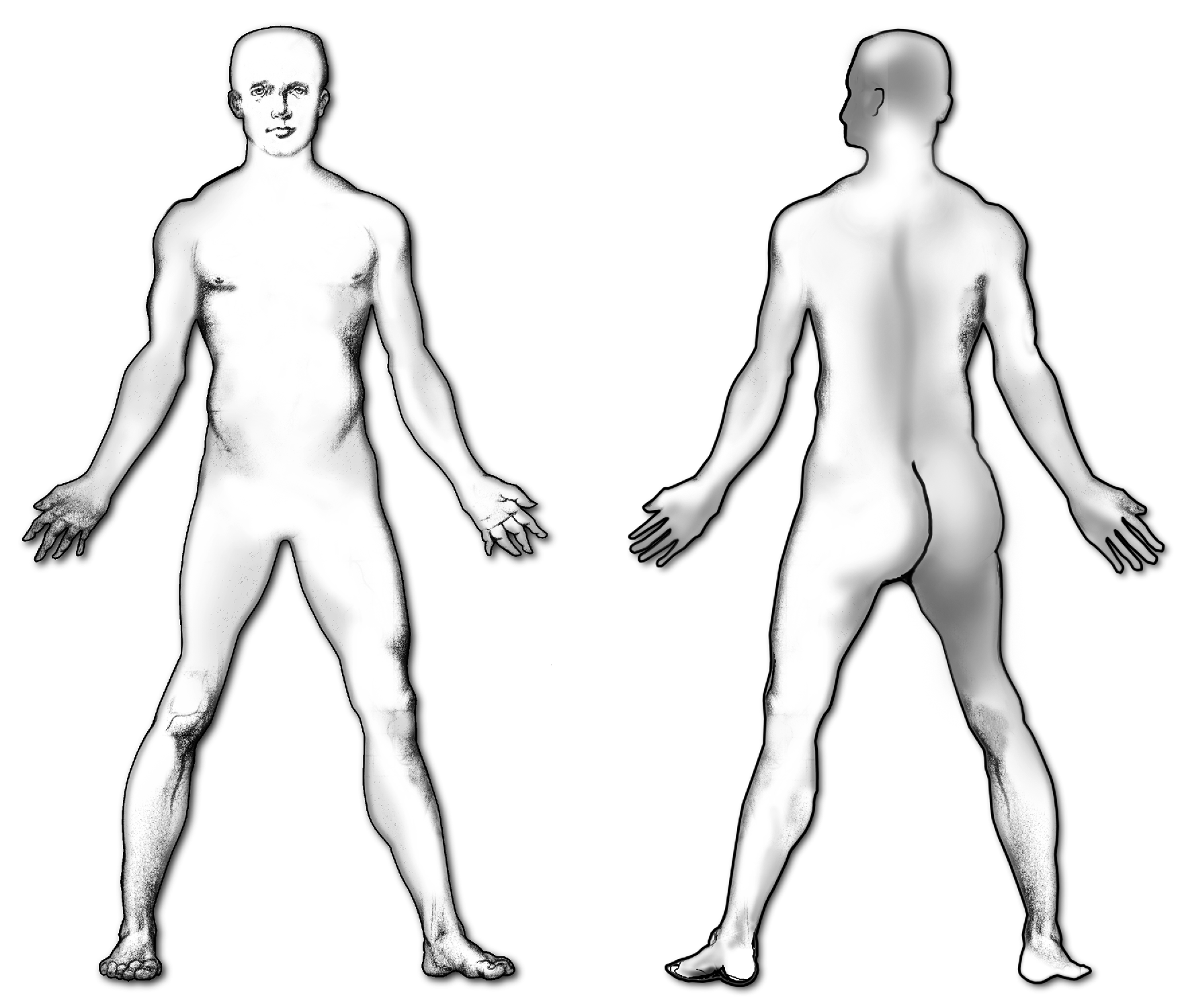
# Basic Cause

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Engineering Practices | Inferior Equipment | Maintenance | Standard Practices | Training |
| Feedback | Inspection | PPE | Supervision |  |

# Injury Type

|  |  |  |  |
| --- | --- | --- | --- |
| Abrasion | Dislocation | Hernia | Repeat Trauma |
| Amputation | Electric Shock | Laceration | Respiratory Toxin |
| Chemical Burn | Foreign Object | Physical Agent | Skin |
| Concussion | Fracture | Poisoning | Strain/Sprain |
| Contusion | Heat/Cold Stress | Puncture | Thermal Burn |
| Crushing |  |  |  |

Body Area (*Circle Area*) System



Cardiovascular

Digestive

Excretory

Nervous

Respiratory

# Cost of Injury

|  |  |  |  |
| --- | --- | --- | --- |
| Lost Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Restricted Work \_\_\_\_\_\_\_\_\_ | | Total Days \_\_\_\_\_\_\_\_\_\_\_\_ |
| Support Worker(s) Required \_\_\_\_\_ | Total Number \_\_\_\_\_\_\_\_\_\_\_ | | Lost Wages \_\_\_\_\_\_\_\_\_\_\_ |
| First Aid Supply/Disposal Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Down Time \_\_\_\_\_\_\_\_\_\_\_ |
| Employee/Family Compensation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Legal Costs \_\_\_\_\_\_\_\_\_\_\_ |
| Equipment Damage Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Product/Raw Material Lost \_\_\_\_\_\_\_\_ | |
| Training and Retraining Cost  \_\_\_\_\_\_\_\_ | | Worker Compensation \_\_\_\_\_\_\_\_\_\_\_\_ | |

# Medical Treatment Rendered

|  |  |  |
| --- | --- | --- |
| Date/Time/Type of Treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Health Professional Visit Required Yes No Injury Illness  New Old | | |
| Length of Visit \_\_\_\_\_\_hr/day(s) | Cost of Total Visit \_\_\_\_\_\_\_\_ | Rehabilitation Yes No |

Temporary Precaution to Take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective Actions Taken (Engineering, Administrative, PPE, and Other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the information interactively discussed with all affected staff? Yes No

Management’s Response \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_