**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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