



# ACCIDENT INVESTIGATION FORM

Injured Employee: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Occupation: \_\_\_\_\_ Time in Position: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_ Date Reported: \_\_\_\_\_

Witness: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Body Part Injured: \_\_\_\_\_ Type of Injury: \_\_\_\_\_

**Body Part:**

- 1. Ankle/Foot    6. Hand            11. Neck
- 2. Arm            7. Head/Eye       12. Other \_\_\_\_\_
- 3. Back            8. Knee            13. Shoulder
- 4. Finger         9. Leg             14. Trunk
- 5. Groin           10. Multiple      15. Wrist

**Type Injury:**

- 1. Burn            6. Electrical Shock
- 2. Caught-in     7. Fall             11. Overexertion
- 3. Chemical      8. Foreign        12. Sprain
- 4. Contusion     9. Fracture       13. Strain
- 5. Cut             10. Other \_\_\_\_\_ 14. Struck-by

## ACCIDENT FACTS

Describe what the injured person was doing at the time of the accident?

- Assigned task                       Maintenance                       Assisting another worker                       Other

Describe the physical conditions of the area: \_\_\_\_\_

**Task**

- Was the task considered "routine"?  Yes    No    N/A
- Was the process/operation/task established, rather than new, to the area?  Yes    No    N/A
- Was a safe work procedure used?  Yes    No    N/A
- Did status quo conditions exist, ensuring that normal procedures were safe?  Yes    No    N/A
- Was Lockout/Tagout used when necessary, and were procedures followed?  Yes    No    N/A
- Was the proper PPE used when and where required?  Yes    No    N/A
- Had a Job Hazard Analysis/Job Safety Analysis been conducted on this task?  Yes    No    N/A

**Material**

- Did equipment function properly?  Yes    No    N/A
- Were all safety devices in place and functioning properly?  Yes    No    N/A
- Were the equipment, machinery, and workstation adequately designed?  Yes    No    N/A
- Were the appropriate tools and materials available?  Yes    No    N/A
- Were they used?  Yes    No    N/A
- Were safe and/or inert, rather than hazardous substances, involved?  Yes    No    N/A
- Were they properly and clearly identified?  Yes    No    N/A
- Was this the only substance available for use, no less hazardous alternatives?  Yes    No    N/A
- Did the material meet standard conditions, criteria and specifications?  Yes    No    N/A

**Environment**

- Was housekeeping well maintained?  Yes    No    N/A
- Was the temperature of the work area normal, acceptable, and non-contributing?  Yes    No    N/A
- Were noise levels normal, acceptable, and non-contributing?  Yes    No    N/A
- Was there adequate illumination?  Yes    No    N/A
- Was the area free of toxic or hazardous gases, vapors, fumes, and dust?  Yes    No    N/A

**ACCIDENT FACTS (continued)**

**Personnel**

- Were the workers seasoned employees rather than new to the process/operation/task?  Yes  No  N/A
- Were the workers experienced/qualified in the work being done?  Yes  No  N/A
- Were the workers authorized to do the task?  Yes  No  N/A
- Can they physically perform the work as required/expected?  Yes  No  N/A
- Were the workers' communications and dexterity skills adequate for the task?  Yes  No  N/A
- Were they well rested and alert rather than tired and/or distracted?  Yes  No  N/A
- Were workers' free of stress, or have relatively low stress levels (work or personal)?  Yes  No  N/A

**Administration**

- Was there a specific written safety rule concerning this activity?  Yes  No  N/A
- Were safety rules communicated to and understood by all employees?  Yes  No  N/A
- Were written procedures and orientation available?  Yes  No  N/A
- Were they being enforced?  Yes  No  N/A
- Was there adequate supervision at the time of the mishap?  Yes  No  N/A
- Were workers adequately trained to do the work, and to use tools, equipment, and PPE?  Yes  No  N/A
- Were regular safety inspections carried out?  Yes  No  N/A
- Had existing hazards been previously identified and reported?  Yes  No  N/A
- Have new procedures been developed and/or corrective actions implemented?  Yes  No  N/A
- Was regular maintenance of equipment carried out?  Yes  No  N/A

**NOTE: All "no" responses must be addressed!**

**ACCIDENT CAUSE ANALYSIS (check all that apply)**

**ENVIRONMENTAL FACTORS**

- Inadequate safeguards**  
Lack of handling or safety devices; unsafe design; unguarded machinery; lack of safe work.
- Improper or defective equipment**  
Poorly maintained, broken, cracked, rough, slippery, worn equipment; inappropriate PPE.
- Location hazards**  
Poor layout; congestion; insufficient space for storage; poor lighting or ventilation, etc.
- Poor ergonomics**  
Heavy lifting; poor workstation design; bending, twisting, or reaching; inadequate tools; poor controls/displays.
- Poor housekeeping**  
Improper piling or placing; clutter, spillage or breakage; snow or ice.
- Not otherwise classified**

**PERSONAL FACTORS**

- Bodily condition**  
Physical impairment; illness; fatigue; emotional upset; intoxication.
- Lack of skill or knowledge**  
Improperly trained; inexperienced; uninformed; unaware, etc.
- Adequate skill/knowledge but failure in execution**  
Chance-taking; unauthorized or unnecessary use of equipment or tools; failure to use or deliberately making safety or control devices ineffective; failure to do what should have been done in a excessive particular situation.
- Improper apparel**  
Failure to use proper PPE; loose clothing, jewelry; wrong type of shoe for conditions; etc.
- Not otherwise classified**

**Explain:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How serious could this accident have been?**

- Very serious  Serious  Moderate  Minor

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

**What is the probability of it happening again?**

- Very High  High  Medium  Low  Very Low

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

