

Appendix F

Accident Investigation Report

Division: _____
Location: _____

Nature of Accident (please mark with check)
Employee Injury _____ First-Aid Only _____
Vehicle Accident _____ Third-Party Injury _____
Property Damage _____ Near Miss _____

- 1. Name of Employee: _____ Age: _____
- 2. Occupation: _____ Dept.: _____
- 3. Date of Accident: _____ Time: _____
- 4. Place of Accident: _____
- 5. Witnesses: _____
- 6. Employee Treated by Physician? **Y N** Name and Address of Physician: _____
- 7. Did Injured Leave Work? **Y N** Returned to Work Next Business Day? **Y N**
- 8. Describe Injuries/Damage: _____

9. Describe Accident: _____

- 10. Accident Causes:(check all that apply)
Physical Causes:
 Defective/Improper tools or equipment
 Poor housekeeping(trash, slippery floor, etc.)
 Unguarded/Improperly guarded equipment
 Congested area
 Unstable/Improper piling or storage
 Improper light
 Poor ventilation
 Extreme temperature
 Description of cause: _____

- Personal Causes:**
 Not properly trained/instructed
 Failure to use Personal Protective Equipment
 Failure to follow rules or instructions
 Using improper/defective tools
 Horseplay
 Improper apparel
 Using improper methods/procedures
 Operating without authority
 Distracted/Breakdown in awareness
 Description of cause: _____

- 11. Was accident: **Preventable/ Non-Preventable**
- 12. Disciplinary action taken? **Y N**
If so, what type? Coaching
 Verbal warning
 Written warning
 Suspension
 Termination
- 13. What should be done, and by whom, to prevent recurrence, and what is the expected completion date: _____

Signatures: Prepared by: _____ (Supervisor) _____ (Date)
Reviewed by: _____ (Safety Manager) _____ (Date)
_____ (Human Resources) _____ (Date)