Accident / Injury Report

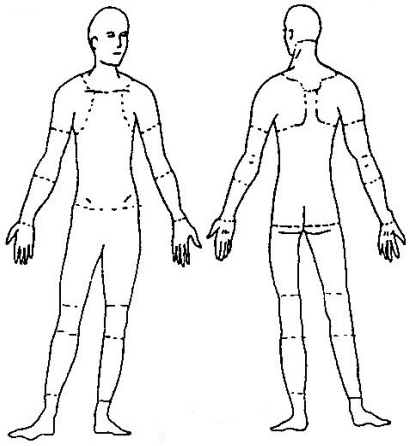
Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

This is a report of a: ❑ Death ❑ Lost Time ❑ Medical Treatment ❑ First Aid Only ❑ Near Miss	
Date of incident:	This report is made by: ❑ Employee ❑ Supervisor ❑ Team ❑ Other_____

Step 1: Injured employee (complete this part for each injured employee)

Name: Address : Phone: Emergency Contact:	Sex: ❑ Male ❑ Female	DOB:
Department:	Job title at time of incident:	

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
- ❑ Abrasion, scrapes
- ❑ Amputation
- ❑ Broken bone
- ❑ Bruise
- ❑ Burn (heat)
- ❑ Burn (chemical)
- ❑ Concussion (to the head)
- ❑ Crushing Injury
- ❑ Cut, laceration, puncture
- ❑ Hernia
- ❑ Illness
- ❑ Sprain, strain
- ❑ Damage to a body system:
- ❑ Other _____

This employee works:
- ❑ Regular full time
- ❑ Regular part time
- ❑ Seasonal
- ❑ Temporary

Months with this employer:

Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:

What part of employee's workday? ❑ Entering or leaving work ❑ Doing normal work activities ❑ During meal period ❑ During break ❑ Working overtime ❑ Other_____

Names of witnesses and statements (Contact Information if applicable):

Attachments (#, Yes or No)	Written witness statements:	Photographs:	Maps / drawings:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the accident/injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: ❑

Accepted Recommended Medical Treatment: ❑ Yes ❑ No ❑ N/A

Employee Signature/Date:_____

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)
- ❑ Inadequate guard
- ❑ Unguarded hazard
- ❑ Safety device is defective
- ❑ Tool or equipment defective
- ❑ Workstation layout is hazardous
- ❑ Unsafe lighting
- ❑ Unsafe ventilation
- ❑ Lack of needed personal protective equipment
- ❑ Lack of appropriate equipment / tools
- ❑ Unsafe clothing
- ❑ No training or insufficient training
- ❑ Other: _____

Why did the unsafe conditions exist?

Unsafe acts by people: (Check all that apply)
- ❑ Operating without permission
- ❑ Operating at unsafe speed
- ❑ Servicing equipment that has power to it
- ❑ Making a safety device inoperative
- ❑ Using defective equipment
- ❑ Using equipment in an unapproved way
- ❑ Unsafe lifting
- ❑ Taking an unsafe position or posture
- ❑ Distraction, teasing, horseplay
- ❑ Failure to wear personal protective equipment
- ❑ Failure to use the available equipment / tools
- ❑ Other: _____

Why did the unsafe acts occur?

Is there a reward such as “the job can be done more quickly “or “the product is less likely to be damaged”? ❑ Yes ❑ No

May have this encouraged the unsafe condition or act? ❑ Yes ❑ No

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

Other Comments:

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)

❑ Redesign task steps ❑ Redesign work station ❑ Write a new policy/rule ❑ Enforce existing policy

❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: _____

What corrective action should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets: ❑

Has corrective action been implemented and if so, date of implementation? ❑ Yes ❑ No Date:_____

Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:

Names of investigation team members (If applicable):

Has Temporary Agency been notified of accident/injury: ❑ Yes ❑ No Initials/Date:_____

Reviewed by:

Name: _____ Title: _____ Date: _____

Name: _____ Title: _____ Date :_____

Name: _____ Title: _____ Date :_____