

	Company Name		Format No: OH&S/DI/15
	Accident Investigation Form		
	Accident :		Date:
	Investigation Team:		Date:
1: Worker/ Supervisor Characteristics			
Sr.No.	Title	Description	Remark
1	Name:		
2	Age;		
3	Gender;		
4	Department;		
5	Job Title;		
6	Experience level;		
7	Time with Company and Current Role;		
8	Training Records;		
9	And Worker Type	Full-time/ Part-time / Seasonal /Temporary / Contract	
2: Injury/Illness Characteristics			
10	Type of Injury or Illness :		
11	Severity of Injury or Illness:		
12	The part(s) of the body that have been affected:		
13	Is medical treatment required?		
3: Sequencing of Events			
14	How did the incident occur?		
15	Were there any objects or substances involved in the event?		
16	Were there preventative measures in place at the time?		
17	Were they used?		
18	What happened after the incident occurred?		
4: Description of Tasks(s)			
19	The characteristics of the task(s) being performed at the time of the incident.		
20	The worker's general activities, location during the work.		
21	The worker's specific activities and their location during the work.		
22	Were they working alone or with others?		
23	Was the job procedure a contributing factor?		
24	Were the job procedures written or commonly known?		
5: Time Factors and Working Conditions			
25	The time of day, am/pm		
26	The injured worker's shift:		
27	The type of shift they were working;		

What phase of the worker's day that the
28 incident took place such as performing
work, break time, mealtime, overtime, or
entering or leaving the facility.

6: Characteristics of Involved Equipment if any:

29 The equipment's type
30 Brand, size & condition
31 Any distinguishing features and specific
part(s) involved.
32 Whether the employee was properly
trained on the use of the equipment?
33 If training or re-training should be
provided?
34 Equipment's condition, inspection logs,
reviewed?
35 If more frequent audits of the equipment
are needed.

NA

7: Supervision Information

36 Supervisor of the worker involved in the
incident?
37 If the injured worker was being supervised
directly or indirectly at the time the incident
occurred
38 Was supervision feasible or recommended
for the task?

8: Causal Factors

39 Photo's , Videos if any?

Root Cause & Corrective Actions

Root Cause (s) identified.

Correction(s) if any?

Corrective Action(s)

Target Date:

Review & Remark

Record & Documentation: