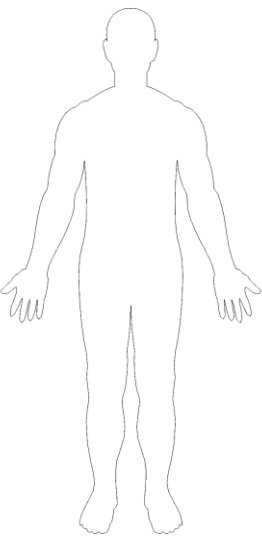
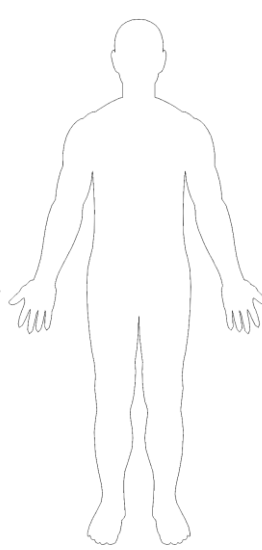


Accident / Incident Report

Instructions: Complete this form as soon as possible after an accident 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.)

Accident Classification: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage <input type="checkbox"/> Environment <input type="checkbox"/> Procedural Issues <input type="checkbox"/> Other _____	
Day & Date of accident: M T W TH F S SU	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Superintendent <input type="checkbox"/> Management <input type="checkbox"/> Final Report
First reported to:	Date First Reported:
Step 1: Personal Information: Injured employee (complete this part for each injured employee)	
Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age:
Employed By:	Job title and tasks at time of accident (laborer, operator, etc.):
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Front  </div> <div style="text-align: center;"> Back  </div> </div>	<div style="display: flex;"> <div style="flex: 1;"> Nature of injury (most serious one): <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system (EG: nervous, respiratory, or circulatory systems) <input type="checkbox"/> Other _____ </div> <div style="flex: 1; padding-left: 10px;"> This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <hr/> Superintendent/Supervisor Name: <hr/> Was this person trained to perform this activity? <hr/> What type of training was received (OTJ, classroom, etc)? <hr/> </div> </div>
Step 2: Witness Information	
Witness #1 Name	Job Title/Description:
Employed By:	Superintendent/Supervisor Name:
Witness #2 Name:	Job Title/Description:
Employed By:	Superintendent/Supervisor Name:
Was the site secured and witness statements taken immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No By Whom?	

Step 3: Accident Description

Exact location of the accident:

Job Name & Number:

Exact time:

What part of employee's workday?

☐ Entering or leaving work☐ Doing normal work activities☐ During meal period

☐ During break

☐ Working overtime

☐ Other

Describe the accident in detail:

Type of construction equipment involved?

What type of PPE was being used? _____

What was the direct cause of the accident? _____

What was the indirect cause of the accident?

Actions taken to prevent re-occurrence:

Step 4: Why did the accident happen?

Unsafe workplace conditions (check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment is 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: _____

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 by hand
- ☐ 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 conditions exist?

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”) that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No If “Yes,” describe.

Were the unsafe acts or conditions reported prior to the accident? ☐ Yes ☐ No Explain:

Have there been similar accidents or near misses prior to the accident? ☐ Yes ☐ No

Step 5: OSHA Information

Date OSHA was Notified:	Dates of Investigation:	Date of Citation (if applicable)	Dollar Amount of Penalties (if applicable)
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Step 6: Report Preparer

Name:	Date of Report:
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Title:	Signature:
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Employer:

Phone Number:

TIPS FOR ACCIDENT/INCIDENT INVESTIGATIONS

1. Talk with the injured person and witnesses at the scene, if possible. The longer you wait to investigate, the more the scene will change, the more evidence will disappear, and the more people's memories will fade.
2. Act professionally. Show concern for the employee's injury, no matter how minor it is. Avoid sarcasm, blame, and threats. Don't make up your mind about what happened, or whose fault it was, before the investigation is complete.
3. Explain why the investigation is necessary. Reassure everyone involved that accident investigations are for fact-finding, not fault-finding.
 - We need to know what happened, so we can try to prevent it from happening again.
 - The insurance company needs to know what happened, so they know what to do with the claim.
4. Get the story before asking your own questions. Listen carefully. Avoid interruptions.
5. Check your understanding of the story. Use tact in clearing up discrepancies.
6. Encourage people to give their ideas for preventing a similar event. Discuss possible solutions/corrective action(s). Study possible causes: unsafe acts, unsafe conditions, procedure deficiencies, system deficiencies (i.e. Using an unsafe tool/cord is an unsafe act; however, the system used for tool repair/requisition should be examined to see if it contributed to the situation). Look for ROOT causes.
7. Write your accident report giving a complete, accurate account of the event. Document facts. If you absolutely must document opinions, make sure to clearly identify them as opinions.
8. Submit your report to the Safety Team IMMEDIATELY! The later we are in reporting the claim to the insurance company, the more expensive the claim is going to be. Why is this important? Because more expensive claims mean:
 - A higher EMR, which makes it harder to get projects.
 - A higher cost for the company to pay for insurance coverage.
 - Ultimately, money coming directly out of all of our own bonuses.
9. Don't forget: this process isn't over once the report has been submitted. Follow-up to make sure conditions are corrected.