

EHSM No. :

No. - -

Date: 20 / /

Safety and Health Secretariat of



Accident Report

Accident Title :

A Accident First Report within 24 hours	When (Date Time)		20 (Year)/ (Month)/ (Day) () Time: Around :		
	Where (Location)	Company Name:		Country:	
		Business Unit : Select Name			
	Base (Factory) Name and Detail Location:				
	Who (Injured Person) <small>*Hide items here when published</small>	Department:	<input type="checkbox"/> M <input type="checkbox"/> F	Age:	Years of service: Y M Experience: Y M
- Direct Department : <input type="checkbox"/> Regular employee <input type="checkbox"/> Temporary staff <input type="checkbox"/> Other ()					
- Indirect Department : <input type="checkbox"/> Regular employee <input type="checkbox"/> Temporary staff <input type="checkbox"/> Other ()					
Accident Classification		<input type="checkbox"/> Lost-work time accident(Lost-work days:) <input type="checkbox"/> No lost time accident <input type="checkbox"/> Minor accident <input type="checkbox"/> TBD			
Injured part / injury name					
Accident Situation Explain process of accident and related facts, such as detail of work, movement of worker and phenomena that occurred. Use photos and figures. Information of a person related to the accident other than injured person					
B Accident investigation report within 3 days	Objective causing accident (Dim, weight etc.)				
	Injury type (Select one)	<input type="checkbox"/> Caught in/between <input type="checkbox"/> Cut/Abrasion <input type="checkbox"/> Fall down on the same level <input type="checkbox"/> Crash/A person hits a thing <input type="checkbox"/> Be crashed/A thing hits a person <input type="checkbox"/> Contact with something hot/low temperature <input type="checkbox"/> Hit by flying/falling objects <input type="checkbox"/> Fall from a height <input type="checkbox"/> Unsuitable body movement <input type="checkbox"/> contact with harmful substances <input type="checkbox"/> Traffic accident outside/Commuter Bus <input type="checkbox"/> Electric shock/Explosion/Burst/Fire <input type="checkbox"/> Others			
	Information related to accident	Work Type: <input type="checkbox"/> Regular Work <input type="checkbox"/> Non-regular Work		Collaborative Work : <input type="checkbox"/> Solo work <input type="checkbox"/> Pair-work <input type="checkbox"/> More than two	
		3H tasks : <input type="checkbox"/> Not 3H <input type="checkbox"/> 3H (<input type="checkbox"/> Hajimete <input type="checkbox"/> Henkou <input type="checkbox"/> Hisashiburi) *referred to G-FPS educational materials			
		Risk assessment before the accident : <input type="checkbox"/> No-Evaluated <input type="checkbox"/> Evaluated (Risk Reference# :) *If you registered to F-RASS			
		Risk rating : <input type="checkbox"/> A3 <input type="checkbox"/> A2 <input type="checkbox"/> A1 <input type="checkbox"/> B3 <input type="checkbox"/> B2 <input type="checkbox"/> B1 <input type="checkbox"/> C <input type="checkbox"/> C+			
		Possibility of occurring : <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0			
		Injury level : <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0			
		Similar accident in the past? : <input type="checkbox"/> None-occurred <input type="checkbox"/> Occurred (When and what:)			
Rules (Procedures)	Existence of Rules : <input type="checkbox"/> NO <input type="checkbox"/> YES		Education status: <input type="checkbox"/> No-Educated <input type="checkbox"/> Educated		
	*If you educated, select the confirmation method of the effectiveness of education.				
	<input type="checkbox"/> Only explanation and no confirmation <input type="checkbox"/> Verbal confirmation <input type="checkbox"/> Verbal question and test <input type="checkbox"/> Paper/Practical test <input type="checkbox"/> Actual work confirmed by the chief <input type="checkbox"/> Other()				
	Break Rules : <input type="checkbox"/> NO <input type="checkbox"/> YES				
Content of correct Rules and breaking Rules:					
Frequency of breaking Rules:					

	Reason of breaking Rules:		
	Additional information about Rules:		
	Other Information:		
	Direct Cause	Unsafe Action	
		Reason for Unsafe Action	
		Unsafe Condition	
		Reason for Unsafe Condition	
	Basic Cause (Direct and Indirect)	Man	
		Machine	
		Procedure / Environment	
Management			
<Provisional Measures>			
1.			
2.			
3.			

C Measures to prevent recurrence within 2 weeks	Study of Measures to prevent recurrence by 3 step methods (Be sure to fill out possible measures regardless of success or failure)			
	STEP1 : Elimination or Substitution / Measures based on the Principle of Inherent safety (Inherently safe design measure)			
	① Eliminate or reduce the hazard itself by design considerations.			
	② Eliminate the need for workers to enter hazard zone or reduce their frequency.			
	Accepted	No.	Content of Measures to prevent recurrence	Fill in this column according to the following: Accepted : the planned date to implement Rejected : Reason for not being able to implement
	<input type="checkbox"/>	1-1		
	<input type="checkbox"/>	1-2		
	<input type="checkbox"/>	1-3		
	STEP2 : Engineering controls / Measures on the Principle of Isolation and the Principle of Stopping (Safeguarding, Complementary protective measures)			
	① Reduce risk with Guards or Protective devices such as light curtains, mat switches, two-hand control devices (safeguarding)			
② Improve the emergency stop function, equipment for raising and lowering, passages to prevent tripping, falling, and slipping (Complementary Protective measures)				
③ Improve the equipment for chemical substances with the construction of an explosion-proof Machine, the installation of local exhaust systems, and the enhancement of ventilation systems (Engineering or sanitary engineering measures for chemical handling)				
Accepted	No.	Content of Measures to prevent recurrence	Fill in this column according to the following: Accepted : the planned date to implement Rejected : Reason for not being able to implement	
<input type="checkbox"/>	2-1			
<input type="checkbox"/>	2-2			
<input type="checkbox"/>	2-3			
STEP3 : Administrative controls / Information for Use and Personal protection equipment (PPE)				
① For signs of residual risk that could not be reduced in steps 1 and 2, display signs and warnings as information on use.				
② Develop work procedures including residual risks and safety points, and provide education and confirmation.				
Use Personal protective equipment(PPE) as needed.				
Accepted	No.	Content of Measures to prevent recurrence	Fill in this column according to the following: Accepted : the planned date to implement Rejected : Reason for not being able to implement	

<input type="checkbox"/>	3-1		
<input type="checkbox"/>	3-2		
<input type="checkbox"/>	3-3		
<p>Risk assessment after the measures are adopted :</p> <p>Risk rating : <input type="checkbox"/>A3 <input type="checkbox"/>A2 <input type="checkbox"/>A1 <input type="checkbox"/>B3 <input type="checkbox"/>B2 <input type="checkbox"/>B1 <input type="checkbox"/>C <input type="checkbox"/>C+</p> <p>Possibility of occurring : <input type="checkbox"/>5 <input type="checkbox"/>4 <input type="checkbox"/>3 <input type="checkbox"/>2 <input type="checkbox"/>1 <input type="checkbox"/>0</p> <p>Injury level : <input type="checkbox"/>4 <input type="checkbox"/>3 <input type="checkbox"/>2 <input type="checkbox"/>1 <input type="checkbox"/>0</p>			
<p>Existence of similar equipment or work : <input type="checkbox"/>NO <input type="checkbox"/>YES</p> <p>Necessity and Contents of Horizontal Expansion (Action to similar equipment or work) :</p>			
EHSM confirmation Date :		EHSM person in charge :	