

ACCIDENT INVESTIGATION REPORT

I. GENERAL INFORMATION	BUILDING		DATE OF REPORT		
	EMPLOYEE NAME		JOB TITLE		
	LIN #		SEX (M/F)		
	DATE OF ACCIDENT		TIME OF ACCIDENT	A.M.	P.M.
	TYPE OF ACCIDENT/ILLNESS				
	TYPE OF INJURY				
	PART OF BODY INJURED		TREATMENT <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL	DID EMPLOYEE RETURN TO WORK THE SAME DAY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	PART OF BODY HAVE PRIOR INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO				
II. DESCRIPTION	HOW DID ACCIDENT HAPPEN? (Use additional sheets, if necessary)				
III. CAUSES	SPECIFY MACHINE/TOOL/SUBSTANCE/OR OBJECT CONNECTED WITH THE ACCIDENT				
	UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITION AT TIME OF ACCIDENT (Be specific)				
	PERSONAL FACTORS (Attitude, Lack of Knowledge or Skill, Slow Reaction, Fatigue)				
	PERSONAL PROTECTIVE EQUIPMENT REQUIRED?				
IV. RECOMMENATIONS	WAS INJURED EMPLOYEE USING REQUIRED EQUIPMENT?				
	ACTION PLAN TO PREVENT RECURRENCE (Modification of machine, Mechanical guarding, Environment, Training)				
V. FOLLOW-UP	ACTION TAKEN ON RECOMMENDATIONS (Include date completed)				
	EMPLOYEE'S SIGNATURE		DATE		
	SUPERVISOR'S SIGNATURE		DATE		

INSTRUCTIONS FOR COMPLETING ACCIDENT REPORT

Please print or type all information. Complete report in as much detail as possible.

I. GENERAL INFORMATION

Fill in all information requested. Name of person injured, date, exact location, job title, job being performed, etc. For description of type of accident/illness, injury and body part, see the following:

A. Type of Accident/Illness

- slip/fall
- struck by/against
- caught in/on/between
- contact with/by
- over-exertion/lifting
- burn by
- cut by
- amputation

B. Type of Injury

- cut
- bruise
- puncture
- abrasion
- strain
- sprain
- burn
- irritation
- swelling
- fracture

C. Part of Body injured (select as many as needed)

- thumb/finger/hand/wrist
- elbow/arm/shoulder
- toe/foot/ankle
- leg/knee/hip
- head/neck/face
- nose/eye/ear/throat
- chest/abdomen
- upper back/lower back

II. DESCRIPTION OF ACCIDENT

Describe in as much detail as possible where and how the accident happened. This section is for facts, not opinions. Statements the injured or witnesses made should be detailed. Use an additional piece of paper if more space is needed. Include sketches or photos if they help explain what happened.

III. CAUSES

Identify and describe in detail type of equipment, tools, processes, etc., unsafe conditions (mechanical, physical, environmental) and/or personal factors involved in the accident. Discuss the use and requirements regarding any personal protective equipment.

IV. RECOMMENDATIONS

Once causes are identified, action must be taken to prevent the same thing from happening again. Realistic yet effective recommendations should be implemented.

V. FOLLOW-UP

List actions which have been taken and their respective completion date. Proper follow-up should continue on any incomplete recommendations.

ADDITIONAL

The form should be signed and dated by both the employee and supervisor.

Form should be sent to: Environmental Health and Safety
211 Warren Square

Form needs to be completed within 24-hours of the incident.

Questions should be directed to Environmental Health and Safety at X84251.