ACCIDENT INVESTIGATION REPORT: EMPLOYEE FORM

INSTRUCTIONS TO EMPLOYEE

Employees shall use this form to report ***all*** work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness)–no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

Type of Report	☐ Injury ☐ Illness ☐ Near Miss
Your Name	
Job Title	
Supervisor's Name	
Has your supervisor been informed of the incident?	☐ Yes ☐ No
Date & Time of Incident	
Location of Incident	
Witnesses (if any)	
What were you doing at the time?	
Describe step-by-step what led up to the incident. (Continue on the back if needed):	
What could have been done to prevent this incident?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see a doctor about this incident?	☐ Yes, see below ☐ No
Name & Phone Number of Treating Physician	
Date & Time of Appointment	
Has this part of your body been injured before?	☐ Yes, date: ☐ No

Employee Signature: _____

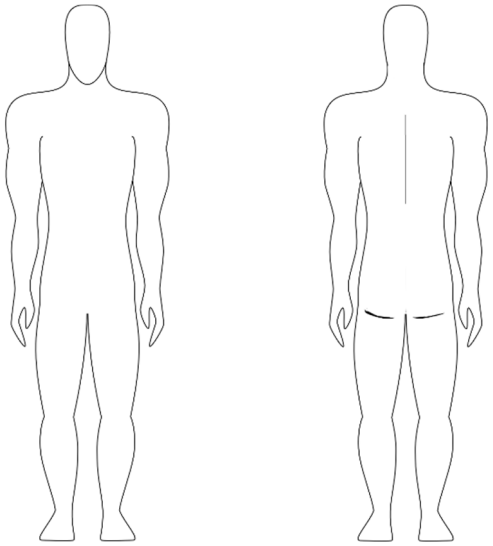
Name (print): _____ **Date:** _____

ACCIDENT INVESTIGATION REPORT: SUPERVISOR FORM

INSTRUCTIONS TO SUPERVISOR

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.)

Type of Report	☐ Injury ☐ Illness ☐ Near Miss ☐ Death		
Name of Injured Person		Gender	
Date of Birth		Telephone Number	
Position & Department			
Status	☐ Regular Full-Time ☐ Regular Part-Time ☐ Seasonal ☐ Temporary		
Address (Street, City, State, ZIP)			
Date & Time of Incident			
Part of Workday	☐ Entering or Exiting Work ☐ During Normal Work Activities ☐ During Meal Period ☐ During Break ☐ Working Overtime ☐ Other: _____		
Location of Incident			
Witnesses (if any)			
Describe fully, step-by-step how the accident happened. What was employee doing prior to the event? What equipment, tools, and personal protection equipment were being used? (Continue on back if needed)			
What caused the event?			
Were safety regulations in place and used? If not, what was wrong?			

Was a doctor consulted about this incident?	☐ Yes, see below ☐ No
Name & Phone Number of Treating Physician	
Part of Body Affected (circle all that apply) 	**Nature of Injury** ☐ 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 _____
Unsafe Workplace Conditions ☐ 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 or tools ☐ Unsafe clothing ☐ No training or insufficient training ☐ Other: _____	**Unsafe Acts by People** ☐ 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 or 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, describe below ☐ 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
What changes do you suggest to prevent this incident/near miss from happening again? ☐ Stop this activity ☐ Redesign task steps ☐ Routinely inspect for the hazard ☐ Guard the hazard ☐ Redesign work station ☐Personal Protective Equipment ☐ Train the employee(s) ☐ Write a new policy/rule ☐ Other: _____ ☐ Train the supervisor(s) ☐ Enforce existing policy
What should be (or has been) done to carry out the suggestion(s) checked above?

Attachments (write number of attachments in space provided)	☐ Written Witness Statements (___) ☐ Photographs (___) ☐ Maps/drawings (___)
Name & Title of Supervisor Preparing this Report	
Names of Others on Investigation Team	

Supervisor Signature: _____

Name (print): _____ **Date:** _____

Reviewer Signature: _____

Name (print): _____ **Date:** _____