



ACCIDENT INVESTIGATION REPORT

EMPLOYER:		DIVISION:	
ADDRESS:			
NAME OF INJURED:		DATE OF ACCIDENT-TIME:	OCCUPATION:
HOW LONG EMPLOYED ON THIS OR SIMILAR OPERATION:			LOCATION OF ACCIDENT:
DATE REPORTED:		WAS FIRST AID GIVEN?	BY WHOM?
WAS EMPLOYEE SENT TO DOCTOR?		WAS TIME LOST?	HOW MANY DAYS?

IDENTIFICATION OF THE ACCIDENT FACTORS

INJURY AND/OR DAMAGE:
BRIEF DESCRIPTION OF ACCIDENT (WHAT HAPPENED?):

ACCIDENT TYPE (CHECK ONE)

- | | | | |
|----------------------------------------------------------|-------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Struck by | <input type="checkbox"/> Struck Against | <input type="checkbox"/> Caught in, on or between | <input type="checkbox"/> Exposure to Temperature Extremes |
| <input type="checkbox"/> Fall – Same Level | <input type="checkbox"/> Fall – Different Level | <input type="checkbox"/> Absorption | |
| <input type="checkbox"/> Inhalation | <input type="checkbox"/> Ingestion | <input type="checkbox"/> Lacerations | |
| <input type="checkbox"/> Contact with Electrical Current | <input type="checkbox"/> Overexerted | <input type="checkbox"/> Manual Material Handling | |

ACCIDENT CAUSES

WHAT SPECIFIC UNSAFE ACT WAS RESPONSIBLE FOR THIS ACCIDENT?
WHAT SPECIFIC UNSAFE CONDITION WAS RESPONSIBLE FOR THIS ACCIDENT?

REASONS WHY WAS THE UNSAFE ACT COMMITTED AND/OR WHY DID THE UNSAFE CONDITION EXIST?

- | | |
|-------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Improper Attitude | <input type="checkbox"/> Human Limitation |
| <input type="checkbox"/> Lack of Knowledge/Experience | <input type="checkbox"/> Condition |

CORRECTIVE ACTION

WHAT DO YOU SUGGEST BE DONE TO PREVENT A SIMILAR ACCIDENT?

- | | | |
|------------------------------------------------|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Instruction/Training | <input type="checkbox"/> Proper Placement | <input type="checkbox"/> Recommend to Management |
| <input type="checkbox"/> Motivation/Discipline | <input type="checkbox"/> Repair/Eliminate | |

SIGNATURE OF SUPERVISOR: _____
DEPARTMENT: _____
DATE: _____