|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Accident / Incident Information** | | | | | | | | |
| **Date Investigation Began:** | | | |  | | | | |
| **Date of Accident / Injury / Illness:** | | | |  | **Time of Accident / Injury / Illness:** | | AM  PM | |
| **Name(s) of Injured Employee(s):** | |  | | | | | | |
| **Department:** |  | | | | **Job Title:** | |  | |
| **Shift:** |  | | | **Length of time onsite:** | Full Time  Part Time  Wage | | | |
| **Work Area of Injured Employee(s):** | | | | |  | | | |
| **Describe Nature of Accident, Injury, or Illness:** | | | | |  | | | |
| **Part(s) of Body Affected: *(mark on person below)*** | | | | | **Nature of injury (most serious one): *(check off below)*** | | | |
|  | | | | | 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: | | | |
| **Weather conditions at time of accident:** | | | | |  | | | |
| **Visibility / Lighting (e.g., poor, work lights, etc.):** | | | | |  | | | |
| **Type and condition of floor surface (e.g., concrete, wet):** | | | | |  | | | |
| **PPE required for job:** | | | Yes  No | | **List PPE required:** | |  | |
| **Was PPE being utilized?** | | | Yes  No | | **List PPE used:** | |  | |
| **Was there any damage to property or equipment?** | | | | | Yes  No *Explain:* | | | |
| **Describe Medical Treatment Administered:** | | | | |  | | | |
| **Employee Name:** | | |  | | | | | |
| **Employee Signature:** | | |  | | | **Date:** | |  |
| **Supervisor Name:** | | |  | | | | | |
| **Supervisor Signature:** | | |  | | | **Date:** | |  |

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| **Witness Information** | | | |
| **Witness #1 Name:** |  | **Phone:** |  |
| **Witness #1 Description of Accident/Incident:** |  | | |
| **Witness #1 Signature:** |  | **Date:** |  |
| **Witness #2 Name:** |  | **Phone:** |  |
| **Witness #2 Description of Accident/Incident:** |  | | |
| **Witness #2 Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Investigation Results** | | | | |
| **Detailed timeline to incident occurred:** |  | | | |
| **Description of pictures taken, if applicable:** |  | | | |
| **Contributing Factors: *(check off below)*** | | | **Root Causes: *(check off below)*** | |
| Defective Tools / Equipment  Unaware of potential hazard  Unauthorized equipment use  Unsafe work Procedures  Lack of safety devices  Guard removed / guard needed  Insufficient procedures  Not employee’s normal job  Poor housekeeping  Not following procedures  Improper use of tools  Violated safety rule  Improvising / shortcuts  Proper tools not available  Not wearing proper equipment  Other ***(please explain)***: | | | Employee unaware of hazard  Failure to recognize unsafe act  Equipment maintenance  Complex procedures  Poor attitude  Weather Condition(Rain, Snow)  Unclear instruction  Personality conflict  Excessive production pressure  Inadequate training  Lack of training  Communication error  Inadequate comprehension  Job design/ workstation layout  Lack of employee cooperation  Lack of skill/ knowledge  Lighting  Other ***(please explain)***: | |
| **Were mandatory safe work practice violated?** | | | Yes  No | |
| **Was the unsafe condition, practice or protective equipment problem corrected immediately?** | | | Yes  No  ***If no, what has been done to ensure correction?*** | |
| **Do additional mandatory safe work practices need to be implemented?** | | | Yes  No  ***If yes, please describe safe work practice:*** | |
| **Recommended Engineering control, Training, or Program/policy changes:** | | |  | |
| **List corrective actions taken and date implemented:** | | |  | |
| **Remedial training given:** | | | Yes  No | |
| **Names of investigation team members:** | | |  | |
| **EHS Signature:** | |  | **Date:** |  |
| **Signature of Person(s) Responsible for Corrective Actions:** | |  | **Date:** |  |