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| **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:** |       |

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| **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:** |       |