

Accident /Incident Report and Investigation Form

Accident Investigations

To maintain a safe and healthy campus/work environment, a thorough accident investigation should be undertaken as soon as practical after an accident or incident in order to initiate and support corrective and/or preventive actions.

The Accident/Incident Report and Investigation Form should be completed by the employee's supervisor with the employee. The report requires the signature of the supervisor and employee. For accidents/Incidents which require medical attention, or lost or restricted work, the report must be signed by the Divisional Vice President. Completed reports are to be sent to the Director of Human Resources.

Accident /Incident Report and Investigation Form

Directions: Complete sections 1, 2, and 3 for all accidents and incidents. Accidents or incidents that require medical attention or lost or restricted work require the signature of the Divisional Vice President. Attach additional sheets as necessary. Send completed forms to the Director Of Human Resources.

1. EMPLOYEE INFORMATION

Name: _____ Social Security # _____
 First MI Last
Dept.: _____ Job Title: _____
Full Time ☐ Part Time ☐ Student worker ☐ Other ☐ _____

2. ACCIDENT/ INCIDENT INFORMATION

Date of incident: ____ / ____ / ____ Location: _____
Time of incident _____ AM/PM Time Employee began work _____ AM/PM
☐ Check if time cannot be determined
Types of incident ☐ Accident ☐ Injury
(check all that apply) ☐ Illness ☐ Other _____

What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment or materials the employee was using just before the incident.

What happened? Describe the incident. _____

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What was the Injury/illness? Describe what part of the body was affected and how it was affected.

Part of Body Affected

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Head | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Face | <input type="checkbox"/> Arms |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Ears | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Lower Leg |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Upper Leg |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Lungs |
| <input type="checkbox"/> Groin | <input type="checkbox"/> Nervous System |
| <input type="checkbox"/> Back (Upper) | <input type="checkbox"/> Blood System |
| <input type="checkbox"/> Back (Lower) | <input type="checkbox"/> Skeletal System |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Digestive System |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Reproductive System |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Skin |

☐ Other: _____

How It Was Affected

- | | |
|--|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Industrial Illness-Repeated Exposure |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Industrial Illness-One Time Exposure |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Loss of Hearing | <input type="checkbox"/> Contusion |
| <input type="checkbox"/> Constant Pain | <input type="checkbox"/> Loss of Sight |
| <input type="checkbox"/> Crushed | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Cut/Laceration | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Strain/Muscle Pull |
| <input type="checkbox"/> Dismemberment | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Loss of Feeling | |

☐ Other: _____

What object or substance directly harmed the employee? Examples, "concrete floor", "chlorine", or "grinding wheel fragments". If this question does not apply to the incident, leave it blank.

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Did the employee receive medical treatment? Yes ☐ (list below) No ☐

Medical Facility: _____

Attending Physician/Surgeon: _____

☐ Treated and released ☐ Hospitalized

Was this activity part of the employee's regular job? Yes ☐ No ☐

Did the employee lose any work time after the day of the incident? Yes ☐ No ☐

If yes, the date time away from work began _____ Date employee returned to work _____
☐ Check if date cannot be determined at this time.

Did the employee die as a result of this incident? Yes ☐ No ☐

Were there any witnesses or other employees directly involved? Yes ☐ (list below) No ☐

Name _____ Phone # _____

Name _____ Phone # _____

Were any immediate corrective actions taken? Yes ☐ (describe below) No ☐ _____

3. ACCIDENT/ INCIDENT INVESTIGATION

Root causes and contributing factors: (The attached checklist may be used as a guide if needed.)

1. _____

2. _____

3. _____

Why did each of the above items exist (Link #1 with #1 root cause, etc.)

1. _____

2. _____

3. _____

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Corrective Actions (List what long term actions are being taken as a result of this accident.)

1. _____

_____ Target Completion Date _____
2. _____

_____ Target Completion Date _____
3. _____

_____ Target Completion Date _____

Employee/Injured Party
Signature

Employee/Injured Party Name
(print)

Date

Supervisor's Signature

Supervisor's Name (print)

Date

The signature of the Divisional Vice-President is required for accidents resulting medical attention, or lost or restricted work.

Division Vice President
Signature

Division Vice President Name
(print)

Date

For internal use

Signature: Director of Human Resources	Date: 	Signature: Manager of Regulatory Affairs & Risk Mgt.	Date:
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ANALYSIS CHECKLIST

Potential Causes (check all that apply)

1. Mechanical Controls (Guards/Devices)
 - ☐ Were not designed to prevent this circumstance.
 - ☐ Were available but not in place at time of accident.
 - ☐ Were in place but did not work.
 - ☐ Were available but were intentionally not used at time of accident.
 - ☐ Were not available.
 - ☐ Warning devices did not function.
 - ☐ Warning devices functioned but were ignored.
 - ☐ Not applicable.
2. Design/Construction
 - ☐ Poor job layout or design.
 - ☐ Adequate space is not provided for proper positioning.
 - ☐ All necessary equipment to complete the job was not available.
 - ☐ Inadequate ventilation, illumination, surfacing, is not provided.
 - ☐ Improper tool used.
 - ☐ Not applicable.
3. Inspection program/Defective Equipment
 - ☐ Equipment was not adequately inspected or was defective.
 - ☐ Processes/operations were not adequately reviewed.
 - ☐ Inspectors were not adequately trained to recognize the hazard.
 - ☐ Preventative maintenance performed did not address this circumstance.
 - ☐ Inspections were not frequent enough to detect this problem.
 - ☐ Problem was recognized, but work order was never written
 - ☐ Not applicable
4. Policy/Procedure/Work Instructions
 - ☐ There is not a written policy or work instruction covering this circumstance, but there should be.
 - ☐ There is written instruction or policy, but they were not followed.
 - ☐ There is a policy, but it does not correctly address this circumstance.
 - ☐ Not applicable.
5. Environmental/Storage Factors
 - ☐ Poor housekeeping.
 - ☐ Insecure storage.
 - ☐ Poor illumination.
 - ☐ Improper ventilation.
 - ☐ Leaking containers/piping/pumps
 - ☐ Improper containers.
6. Materials Handling/Process Operations/Maintenance
 - ☐ Mixing or using the wrong chemical.
 - ☐ Over exertion in handling containers.
 - ☐ Improper opening or closing procedures.
 - ☐ Failure to follow lockout, confined space, hot work, or on-line leaking procedures.
 - ☐ overloading equipment or process.
 - ☐ Not applicable.
7. Similar Accidents/Work Practices/Conditions
 - ☐ Similar accidents have occurred without investigation.
 - ☐ Similar accidents or poor work practices have occurred without corrective action.
 - ☐ Employees/management have tolerated the unsafe practices or condition(s)
 - ☐ Not applicable.
8. Training
 - ☐ Employee was not adequately trained in safe work procedures/policies, rules, including chemical hazards.
 - ☐ Employee was not adequately trained in hazard identification.
 - ☐ Employee was not adequately trained in job/equipment specific operation.
 - ☐ Supervisor was not adequately trained.
 - ☐ Employee was trained, but did not utilize learned skills/information.
9. Human Factor/Behavior
 - ☐ Not wearing PPE (see item #4)
 - ☐ Design/procedures do not interface well with human characteristics. Make job more difficult to complete.
 - ☐ Job creates too much physical stress.
 - ☐ Job creates too much mental stress.
 - ☐ Inadequate time to adequately complete this job.
 - ☐ Problem was pointed out to members of management but was never corrected.
 - ☐ Employee was not periodically observed on the job.
 - ☐ Job is designed such that it is easier to perform it unsafely.
 - ☐ Job does not fit the person.
 - ☐ Causes awkward postures on positioning.
 - ☐ Job overloads employee with information.
 - ☐ Job requires employee to work too rapidly.
 - ☐ Employee gets a reward to finish quickly.
10. Supervision
 - ☐ Work site inadequately supervised.
 - ☐ Necessary supportive services were not available.
 - ☐ Not applicable.