

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

FILE NO.: DATE: / /

Date of Accident: / /		Time of Day : AM : PM	
Date Reported: / /		Accident Occurred On Employer's Premises?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:		Telephone No.: () -	
Dept./Univ.:		Address:	
Division:		City:	
Location of Accident (specify site within facility):			
Witnesses Name:		Day Telephone Number: () -	
Witnesses Name:		Day Telephone Number: () -	
PERSONAL INJURY			
1. Name of Injured:			
2. Social Security #: xxx-xx-		Home # () - Work #: () -	
3. Home Address:			
4. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Age: 6. Job Title:	
7. Employment Date: / /		8. Hrs Wrk Day: Hrs Wrk/Week:	
9. Time on Current Job: (yrs) (mos) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Employee Required: <input type="checkbox"/> First-Aid Only <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Fatality / / (date of death) <input type="checkbox"/> OSHA Recordable			
Employee Disposition Status <input type="checkbox"/> Returned to Work <input type="checkbox"/> Sent Home <input type="checkbox"/> To Doctor <input type="checkbox"/> To Hospital		<input type="checkbox"/> Other Explain:	
PROPERTY DAMAGE <input type="checkbox"/> Does not apply <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor [] Vehicle [] Equipment [] Private Property			
Vehicle I.D.: Model: Age: (yrs) (mos)		Equipment I.D.: Model: Age: (yrs) (mos)	
Driver's License #:			
Name & Title of person with most direct responsibility for employee involved in this accident:		Employee Description of Accident/Incident:	
IMMEDIATE CAUSE(S) <input type="checkbox"/> Equipment <input type="checkbox"/> Personnel <input type="checkbox"/> Environment <input type="checkbox"/> Mgt. <input type="checkbox"/> Hazardous Conditions <input type="checkbox"/> Unsafe Act		Explain:	
BASIC CAUSE & CONTRIBUTING FACTOR(S) <input type="checkbox"/> Environmental conditions <input type="checkbox"/> Personnel <input type="checkbox"/> Hazardous conditions <input type="checkbox"/> Management <input type="checkbox"/> Lack of safety instruction & training		Explain:	
CORRECTIVE ACTION: I have taken the following: <input type="checkbox"/> Temporary / <input type="checkbox"/> Permanent immediate actions to reduce recurrence		Explain:	
I recommend the following actions(s) to prevent recurrence; and anticipate completion by: / / date			
Managers Comments: (Appropriateness of Cause & Corrective Action)		Signature: _____ Title: Telephone: () - Date: / /	
Corrective Action/Follow up By Department Manager/Safety Officer:		Date: / /	
Reviewed by Director:		Date: / /	

Distribution: Director, WC Administrator, Safety & Health Director

COMPLETE FOLLOWING CHECKLISTS

ACCIDENT OR INCIDENT BREAKDOWN BY CHARACTERISTIC

NATURE OF INJURY

- No Physical Injury
- Amputation
- Angina Pectoris (Heart Disease)
- Burn (heat, chemical)
- Concussion
- Contusion (bruise, hematoma)
- Crushing
- Dislocation (nerve, disc, tear)
- Electric Shock (electrocuted)
- Enucleation
- Foreign Body (lint in eye)
- Fracture
- Freezing (frost bite)
- Loss of Hearing (traumatic)
- Heat Prostration
- Hernia (from lifting)
- Infection
- Inflammation
- Laceration
- Myocardial Infarction
- Poisoning (not cumulative)
- Puncture (needle stick)
- Rupture
- Severance
- Sprain
- Strain
- Syncope (fainting, etc.)
- Asphyxiation
- Vascular (includes strokes)
- Vision Loss
- All Other Specific Injuries
- Dust Disease
- Asbestosis (lung disease)
- Black Lung (coal)
- Byssinosis (cotton)
- Silicosis (silica dust)
- Respiratory Disorders
- Poisoning - chemical
- Poisoning - metal
- Dermatitis (any skin irritation)
- Mental Disorder
- Radiation (tissue, bones, etc.)
- Other Occupational Diseases
- Loss of Hearing
- Infectious Disease
- Cancer
- AIDS
- VDT Related Disease
- Mental Stress
- Carpal Tunnel Syndrome
- Other Cumulative Injuries
- Multiple Physical Injuries Only
- Multiple Injuries, Physical & Psych.

PARTS OF BODY AFFECTED

- Head
- Skull
- Brain
- Ear(s) (eardrum)
- Eye(s)
- Nose
- Teeth
- Mouth (lips, tongue, throat)
- Facial Soft Tissue
- Facial Bones

- Neck (multiple injuries)
- Vertebrae
- Disc (neck, spinal column)
- Spinal Cord
- Larynx (vocal cords)
- Soft Tissue (neck)
- Trachea
- Upper Extremities
- Upper Arm (humerus)
- Elbow (radial head)
- Lower Arm (forearm)
- Wrist
- Hand (excluding wrist, fingers)
- Thumb
- Shoulder(s) (armpit, rotator cuff)
- Wrist(s) & Hand(s)
- Trunk (combination parts)
- Upper Back (thoracic area)
- Low Back (lumbar etc.)
- Disc (back)
- Chest (ribs, sternum etc.)
- Sacrum & Coccyx
- Pelvis
- Spinal Cord
- Internal Organs
- Heart
- Lower Extremities
- Hip
- Thigh, Upper Leg
- Knee
- Lower Leg
- Ankle
- Foot
- Toe
- Great Toe
- Lungs
- Abdomen
- Buttocks
- Lumbar & or Sacral Vertebrae
- Artificial Appliance
- Insufficient Info to Identify
- No Physical Injury
- Multiple Body Parts
- Body Systems

TYPES OF ACCIDENTS

A. Burn or Scald-Heat or Cold Exposure:

- Chemicals
- Touched Hot Pan
- Temperature Extremes
- Fire or Flame
- Boiling Water Splashed
- Dust, Gases, Fumes etc.
- Caught in, Under, or Between
- Welding Flash - Injury to Eyes
- Radiation
- Contact with, NOC
- Cold Objects/Substances
- Abnormal Air Pressure
- Electric Current

B. Caught In, Under or Between:

- Machine or Machinery
- Caught, In, Under or Between
- Collapsing Materials (earth slides)

C. Cut, Puncture, Scrape:

- Broken Glass
- Hand Tool, Utensil
- Object Being Lifted
- Powered hand Tool
- Cut, Puncture, Scrape

D. Fall, Slip or Trip:

- Fall From Different Level
- Fall From Ladder
- Fall From Liquid/Grease
- Fall Into Opening
- Fall on Same Level
- Slipped, Did Not Fall
- Fall, Slip or Trip
- Ice or Snow
- Stairs

E. Motor Vehicle:

- Crash of Water Vehicle
- Crash of Rail Vehicle
- Collision w/other Vehicle
- Collision w/fixed Object
- Crash of Airplane
- Vehicle Upset (overturned)
- Motor Vehicle, NOC

F. Strain:

- Continual Noise
- Twisting
- Jumping
- Holding or Carrying
- Lifting (including patients)
- Pushing or Pulling
- Reaching (overhead)
- Using Tool or Machine
- Strain of Injury
- Throwing or Welding
- Repetitive Motion (CTS)

G. Striking Against or Stepping On:

- Moving Machine Parts
- Object Lifted or Handled
- Standing, Scraping Operator
- Stationary Object
- Stepping on Sharp Object
- Striking or Stepping

H. Struck or Injured By (kicked, stabbed, bit):

- Fellow Worker, Patient
- Falling or Flying Object
- Hand Tool or Machine
- Motor Vehicle
- Moving Parts of Machine
- Object Lifted or Handled
- Object Handled by Others
- Struck or Injured
- Animal or Insect
- Explosion or Flare Back

I. Rubbed or Abraded By:

- Repetitive Motion
- Rubbed or Abraded, NOC

Hazardous Condition

- Inadequate Ventilation
- Insufficient Workspace
- Improper Illumination
- Environmental Hazard
- Use of Inherently Hazardous Material
- Use of Inherently Hazardous Method or Procedure
- Use of Inadequate or Improper Tools or Equipment
- Inadequate Help for Heavy Lifting
- Improper Assignment or Personnel
- Hazardous Methods or Procedures
- Improperly Placed
- Inadequately Secured
- Unguarded, Mechanical
- Inadequate Shoring
- Ungrounded
- Uninsulated
- Uncovered Connection Switches, etc.
- Unshielded Radiation
- Inadequately Guarded, NEC
- Public Hazards (off State Premises)
- Traffic Hazards
- Hazardous Condition, NEC
- Undetermined-Insufficient Information
- No Hazardous Condition

Unsafe Act

- Cleaning, Oiling, Adjust Moving Equipment
- Welding/Repairing of Equipment Without Supervisor
- Working on Electrically Charged Equipment
- Failure to Secure or Warn
- Failure to Shut off Equipment Not in Use

- Failure to Place Warning Signs & Signals
- Releasing or Moving Loads, etc., Without Giving Adequate Warning
- Horseplay, Fighting, etc.
- Use of Equipment or Material for Other Than its Intended Purpose
- Overloading
- Gripping Object Insecurely
- Taking Wrong Hold of Object
- Using Hand Instead of Tools
- Inattention to Footing or Surroundings
- Disconnecting or Remaining Safety Devices
- Replacing Safety Devices With Those of Improper Capacity
- Jumping From Elevations, Vehicles, etc.
- Running
- Throwing Material or Tools
- Riding in Unsafe Position
- Unnecessary Exposure Under Suspended Loads
- Unnecessary Exposure to Moving Materials or Equipment
- Driving Too Fast or Too Slowly
- Entering/Leaving Vehicle on Traffic Side
- Failure to Signal When Stopping, Turning or Backing
- Failure to Yield ROW
- Backing Without Looking for Clearance
- Failure to Obey Traffic Control Signs or Signals
- Following Too Close
- Other (Explain)

Supervisory Activities

- Inadequate Training of Employee
- Faulty Instruction to Employee

- Improper Planning of Job
- Unsafe Procedures of Job
- Inadequate Knowledge/Leadership
- No Supervisory Failure

Employee Attributes

- Lack of Knowledge or Experience
- Improperly Trained
- Bodily Defects
- Lack of Respect for Hazard
- Other Insufficient Data
- DWI

Safety Equipment in Use

- Hard Hat
- Safety Glasses
- Respirator
- Movable Exhaust Hood
- Ear Protection
- Safety Shoes
- Lanyards & Lifelines
- Fluorescent Vest Flags
- Buoyant Workvest
- Chemical Apron
- Faceshields Gloves
- Warning & Control
- Seat Belts
- Shoulder Harness
- Other Restraining Devices
- Safety Equipment

PREPARE & ATTACH SKETCH AND/OR PROVIDE PHOTOS AS NECESSARY TO DESCRIBE ACCIDENT/INCIDENT
