

ACCIDENT INVESTIGATION REPORT

Company:		(Case I.D. No.)															
Location:	Date:																
Report By:	Dept:																
BASIC ACCIDENT INFORMATION																	
WHERE IT HAPPENED:		CONSEQUENCES:															
Dept: Specific Address:		NO INJURY OR DAMAGE <input type="checkbox"/>															
WHEN IT HAPPENED:		PERSONAL INJURIES <input type="checkbox"/>															
Date:	People Interviewed: <i>(names)</i>	LOST WORK TIME: <input type="checkbox"/>															
Time:		PROPERTY DAMAGE: <input type="checkbox"/>															
Shift No.:																	
DESCRIPTION OF ACCIDENT																	
DESCRIBE WHAT HAPPENED: <i>(summary of interviews & other findings)</i>																	
EQUIPMENT/TOOLS INVOLVED <i>(describe how)</i>		PERSON(S) INVOLVED: <i>(names)</i>															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Properly</u></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Selected</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Arranged</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Used</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Maintained</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Properly</u>	<u>Yes</u>	<u>No</u>	Selected	_____	_____	Arranged	_____	_____	Used	_____	_____	Maintained	_____	_____	ACTIVITY AT THE TIME	
<u>Properly</u>	<u>Yes</u>	<u>No</u>															
Selected	_____	_____															
Arranged	_____	_____															
Used	_____	_____															
Maintained	_____	_____															
MATERIALS INVOLVED <i>(describe how)</i>		HOW OFTEN REPEATED															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Properly</u></th> <th style="text-align: center;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Selected</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Placed</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Handled</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Processed</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Properly</u>	<u>Yes</u>	<u>No</u>	Selected	_____	_____	Placed	_____	_____	Handled	_____	_____	Processed	_____	_____	WAS IT HIS/HER REGULAR DUTY	
<u>Properly</u>	<u>Yes</u>	<u>No</u>															
Selected	_____	_____															
Placed	_____	_____															
Handled	_____	_____															
Processed	_____	_____															
ENVIRONMENT CONDITIONS <i>(describe how)</i>		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>Visibility</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Surfaces</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Housekeeping</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Weather</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	Visibility	_____	_____	Surfaces	_____	_____	Housekeeping	_____	_____	Weather	_____	_____	
<u>Yes</u>	<u>No</u>																
Visibility	_____	_____															
Surfaces	_____	_____															
Housekeeping	_____	_____															
Weather	_____	_____															
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	_____	_____											
<u>Yes</u>	<u>No</u>																
_____	_____																
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	_____	_____											
<u>Yes</u>	<u>No</u>																
_____	_____																
		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Yes</u></th> <th style="text-align: center;"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>	<u>Yes</u>	<u>No</u>	_____	_____											
<u>Yes</u>	<u>No</u>																
_____	_____																
IMMEDIATE CORRECTIVE ACTIONS																	
DESCRIBE ACTIONS ALREADY TAKEN:																	

ACCIDENT INVESTIGATION REPORT

CAUSES OF ACCIDENT

PRELIMINARY ESTIMATE BY SUPERVISOR:

DETAILED ANALYSIS OF CAUSES:

BY:

DATE:

CLASSIFICATION DATA

EMPLOYEE DATA:

Name:

Sex: M F

Age:

Dept:

Title:

Full Time:

Part Time:

Date of Hire:

Working at this position since:

Other:

MEDICAL DATA:

TREATMENT PROVIDE

What -

By Whom -

When -

Where -

Follow-up -

Work Restrictions -

CORRECTIVE ACTIONS

ACTION NEEDED	ASSIGNED TO	TARGET DATE	COMPLETE DATE	COMMENTS

MANAGEMENT REVIEW

Signature & Date

Print Name of Signer