|  |  |  |
| --- | --- | --- |
| **Instructions:** Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. To do this, reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. Provide copies of the completed form and all *Accident Statement Forms* to: Foreman and General Superintendent. | | |
| **Injured Employee Data** | | |
| Employee Name | Job Title | SSN |
|  |  |  |
| Date of Incident | Time of Incident | Working Alone  Working with assigned group   Supervised  Non Supervised |
|  | a.m. p.m. |  |
| Work Location | | |
|  | | |
| Supervisor | Supervisor Telephone # | Date Reported to Supervisor |
|  |  |  |
| **Incident Description:** | | |
| 1. Where did the incident happen and who was involved? Provide a full description of the surroundings of the location and the individuals involved. | | |
|  | | |
| 1. What was happening at the time of the incident and why was it taking place? | | |
|  | | |
| 1. What events lead up to the incident? Describe the sequence in order and when they took place. | | |
|  | | |
| 1. What exactly caused the injury and how did it happen? What mechanics, equipment or tools were involved? | | |
|  | | |
| 1. Describe the injury. Include the affected body part(s) and injury type or indicate no injury occurred. | | |
|  | | |
| 1. If a physical injury was avoided, describe what happened that could have potentially resulted in injury? | | |
|  | | |
| **Additional Information** | | |
| Provide any additional information important to the investigation (pictures taken, evidence collected). | | |
|  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CHECK ALL DIRECT CAUSES THAT APPLY** | | | | | | | |
| **What CONDITION of tools, equipment, or work area contributed to incident?** **Not Applicable** | | | | | | | |
| Close Clearance/Congestion  Floors/Work Surfaces  Poor Housekeeping  Hazardous Placement  Inadequate Ventilation  Equipment Failure  Inadequate Warning System  Inadequate Illumination  Hazardous Materials  Improper Material Storage  Inadequate Guards/Barrier  Defective Tools/Equipment/Vehicle  Inadequate/Improper PPE  Equipment/Workstation Design  Other | | | | | | | |
| **What ACTION or INACTION contributed to the incident?** **Not Applicable** | | | | | | | |
| Failure to Make Secure  Used Defective Equipment  Failure to Use PPE  Improper Lifting  Improper Technique  Improper Loading  Used Equipment Improperly  Unauthorized Actions  Operating At Improper Speed  Operating Procedure Deviation  Improper Position  Used Wrong Tool/Equipment  Horseplay/Distractive Active  Unsafe Act of Another Staff  Under Influence Drugs/Alcohol  Nullified Safety/Control Devices  Running/Rushing/Acting In Haste  Failure to Warn/Signal  Servicing Equipment In Motion  Other | | | | | | | |
| **CHECK ALL UNDERLYING OR ROOT CAUSES THAT APPLY** | | | | | | | |
| **What caused or influenced the substandard conditions or behaviors?** | | | | | | | |
| Lack of Proper Procedures  Inadequate Job Instructions  Inadequate Tools  Inadequate Job Training Methods  Inadequate Supervision  Improper Layout or Design  Inadequate Maintenance Standards  Unsafe Design or Construction  Poor Work Practice  Poor Work Design  Inadequate Purchasing Standards  Lack of Skill  Lack of Communication Between Staff  Improper Extension of Service Life  Improper Planning  Inadequate Cleaning  Inadequate Environmental Controls  Inadequate Capacity  Inadequate Preventive Maintenance  Inadequate Enforcement or Work Standards  Other      \_ | | | | | | | |
| **CHECK ALL ACTIONS NECESSARY TO CORRECT THE DIRECT AND ROOT CAUSES** | | | | | | | |
| **What corrective actions have been taken or are needed to prevent a recurrence?** | | | | | | | |
| Task Analysis/Procedure Revision  Improve Clean-Up Procedures  Repair/Replace Equipment  Reinstruction of Employees  Improve Storage/Arrangement  Rotation of Employee  Eliminate Congestion  Improve/Change Work Method  Identify/Improve PPE  Task Analysis to Be Completed  Install/Revise Guards/Devices  Improve Enforcement  Improve Design/Construction  Job Reassignment of Employees  Use Other Materials/Supplies  Improve Illumination  Mandatory Pre-Job Instructions  Improve Ventilation  Other | | | | | | | |
| **Recommended corrective actions or preventive measures to be taken** | | | | | | | |
| **Severity of Injury** | | | | **Name of Others Injured** | | **Hospital/Clinic** | **Physician** |
| Fatality | | | |  | |  |  |
| Lost work Days \_\_\_\_\_ | | | |  | |  |  |
| First Aid | | | |  | |  |  |
| Medical Treatment | | | |  | |  |  |
| **Investigation Review (Initial after reviewing the findings of the investigation):** | | | | | | |
|  | **Initials** | **Telephone** | | **Comments** | | |
| Foreman |  |  | |  | | |
| General Superintendent |  |  | |  | | |
| Witness Name (1) |  |  | |  | | |
| Witness Name (2) |  |  | |  | | |
| Witness Name (3) |  |  | |  | | |