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| **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?
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|       |
| **Additional Information** |
| Provide any additional information important to the investigation (pictures taken, evidence collected). |
|       |

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| **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) |       |       |       |