

ACCIDENT/INCIDENT INVESTIGATION

Incident Date: _____ Injurer's Name: _____ Home Address: _____ Injurer's Job Title: _____ Superintendent: _____ Job Name and #: _____ Jobsite Address: _____	Time of Day: _____ S.S. Number: _____ Home Phone: _____ Age/Birth Date: _____ Company: _____
Names & Addresses of Witnesses or Person whom came upon the scene immediately following occurrence or others having knowledge of the incident: _____ _____ _____	
<i>Description of the Accident/Incident (The injured was doing what, when, what happened, how and why):</i>	
<i>Witnesses Description of Incident:</i>	
Source Directly of Inflicting Incident (circle one): Foreign Body Grinder Wheel Ground/Floor Hand Tool Materials Saw Blade Welding Arc Other:	
Personal Factors Contributing to the Accident/Injury (circle one): Attitude Inattentiveness Lack of Job Skill/Knowledge Not Using Adequate Physical Defects or Conditions Other:	
Please Circle Appropriate Descriptions:	
Body Part Injured	Type of Injury
Type of Accident	
Abdomen Eye Knee Skull Ankle Face Leg Spine Arm Finger Lungs Teeth Back Foot Mouth Thigh Boot (general) Forehead Neck Throat Buttocks Genitals Nose Thumb Cheek Groin Ribs Toe Chest Hand Scalp Wrist Ear Head Shin Other: Elbow Hip Shoulder Multiple:	Abrasion Fracture Amputation Foreign Body (eye) Burn-Chemical Hernia/Rupture Burn-Heat Irritation Burn-Flash Laceration Contusion/Bruise Penetration Cut Poisoning Dislocation Puncture Dermatitis Sprain/Strain Other:
Struck Against Struck By Caught In/Between Fall-small Level Fall Different Level Overexertion Slip (not fall) Strain Sprain Temp. Extreme	Electrical Current Inhalation Absorption Ingestion ARC-Ray Exposure Traffic Irritation Wind Blown Object Vehicle Other:
Activity at Time of Accident:	
Carrying Objects Descending Handling Material Lifting Pulling Riding Running Walking Climbing Driving Horseplay Operating Mach Routing Work Using Hand Tools Welding/Burning	
Accident Source (Objective, substance or conditions that caused or initiated the incidence in which the injury occurred):	
Hand Tool Hand Tool-Powered Material Mechanical Equip Structure Ladder Scaffold Chemical Concrete Stairs Steps Platform Floor/Ground Other:	
Time Lost: From to Total Time Lost: days Hospitalized: Where: How Long:	

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Immediate Treatment after Injury (description): _____			
Physician's Name & Address: N/A			
Please circle appropriate unsafe action and/or conditions involved:			
Unsafe Practices or Acts			
Failure to use safe attire or PPE Use of defective tools or equipment Using hands instead of tools Operating without authority Failure to secure Making safety devices inoperative Working on moving or dangerous equipment Taking unsafe position or posture Operating or working at unsafe speed Unsafe loading, placing or mixing	Horseplay Placing tools, material, etc. too close to edge Striking or driving tools, material of same hardness Tools rest loose Tools too far from wheel Placing hands in unsafe position Improper gripping etc. Improper lifting and/or placing, etc. Failure to observe surroundings	Failure to use or secure ladder Insecure or wrong type hitch Hands between sling and load Failure to observe known safety precaution Failure to warn or signal Unnecessary climbing or jumping Riding equipment Other: _____	
Unsafe Conditions			
Improper arrangement Procedure, etc. Improper dress or apparel Improperly guarded Unguarded	Defective tools or equipment Improperly maintained Poor Housekeeping Design or construction Safety device missing or not provided	Congestion Protective equipment not provided/available Physical deficiency Method of process Improper, inadequate or not instructions	Inherent characteristics of job Supervisory failure Recognized hazard not corrected Known safety rule not enforced Other: _____
Responsibility (circle who or what is most responsible for accident):			
Injured Employee	Inherent Hazard of Job	Bad Practice	Supervisory Management
Other: _____			
To prevent a reoccurrence of this kind of accident, what has been, will be or should be done? _____			
Accident Investigated by: _____ Title: _____ Date: _____ Signature of Injurer's Immediate Supervisor: _____ Title: _____ Date: _____			
REVIEW-TO BE FILLED OUT BY THE JOB SUPERINTENDENT OR FOREMEN			
Does the injured person have a history of repeated accidents? Yes No Explain: _____			
In your opinion, could this accident have been prevented by following known safety practice or procedures? Yes No			
What has been the safety performance of the injured person's immediate supervisor? Above Average Average Below Average			
Has this accident been satisfactory investigated? Yes No Explain: _____			
Signature of Job Superintendent: _____ Date: _____			