

I. GENERAL ACCIDENT INVESTIGATION FORM

Date and time of Investigation: _____

Investigator

Date and time accident reported: _____

Date and time of accident: _____

Indicate the number of photos you took and sketches you made during this investigation and where they're located (*example: 9 photos / 1 sketch; attached to this form or 5 photos/0 sketches; emailed to Safety Committee Chairperson*):

What bodily injuries did the employee report? : _____

Enter the name(s), position & building of those involved in the accident: _____

Enter the name(s) of witnesses to the accident: _____

Describe the accident scene. Where did the accident happen? (Provide precise location)

(Example: *Next to water fountain across from Room 202 in ABC building*)

What task was the person performing? (Example: *exiting vehicle, using an adjustable wrench to tighten a bolt on mower blade, walking up steps, "loading pickup bed with 20-lb box copy paper"*):

Describe what occurred immediately leading up to the accident (ie. *"opened driver's door with left hand, grabbed briefcase with right hand, set left foot onto ground, pushed body out of vehicle & left foot began to slip on ice"* and *"after lifting a 50 lb bag of salt, the custodial employee twisted to the left at the waist to set it onto the bench, and "stood on pickup bed and began to jump off tailgate"*):

What action caused the injury? (ie. *“Person fell on ground striking left shoulder”, “bending over at the waist”*): _____

What objects/tools/substances were involved and what was their condition? (Example: *water on floor from roof leak, 8-foot fiberglass stepladder in adequate condition, entrance mat in poor condition, missing blade guard*) : _____

What Personal Protective equipment and/or clothing attire was worn (where applicable to the task) and what was its condition? (Example: *for slip/fall accident, indicate “sneakers with minimal/non-existent tread” or “shoes with leather soles”, for burn injuries, indicate “oven mitts in new condition, employee wearing short-sleeved shirt”*): _____

Indicate the work environment: (Example: *weather, temperature, time of day, illumination, etc...*)

II. INSTRUCTIONS:

Complete the following after your interview has taken place. Completion of this checklist will help identify possible factors that may have contributed to the accident. Your answers are only opinions of what you think may have contributed to this accident, based upon your investigation.

- | | | |
|---|---|---|
| <input type="checkbox"/> Knowledge, Skill or Experience | <input type="checkbox"/> Tired/Fatigued | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Shortcut | <input type="checkbox"/> Qualification | <input type="checkbox"/> Dress Attire |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Equipment Guarding | <input type="checkbox"/> Unsafe Condition | <input type="checkbox"/> Sudden outburst of student |
| <input type="checkbox"/> Safety Rule | <input type="checkbox"/> Procedure | <input type="checkbox"/> Deadline |
| <input type="checkbox"/> Placement/Capability | <input type="checkbox"/> Tool | <input type="checkbox"/> Insufficient manpower |

Investigator (Sign Name)

Date

III. SAFETY COMMITTEE INVESTIGATION

Safety committee reviews accidents during the monthly safety committee meeting, determines possible causes of the accident and develops a plan of action to assist in preventing a recurrence.

Remember to consider basic work safety practices such as: 3-point contact rule when climbing ladders, appropriate footwear for the environment, PPE, training, work-procedures and rules, consistent policy/procedure enforcement, correct placement of employee to the task, design and

