

I. STRAIN INJURY 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*):

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What bodily injuries did the employee report? \_\_\_\_\_

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

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Enter the name(s) of witnesses to the accident: \_\_\_\_\_

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Describe the accident scene. Where did the accident happen? Give a precise description of location.

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

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What task was the person performing? (Example: *lifting a lawn mower onto a pickup truck bed, pushing a dolly to transport 3 boxes of copy paper, lifting cafeteria table (folding in middle):*

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Two-person lift technique employed? If yes, enter their names: \_\_\_\_\_

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Did the person perform stretching exercises at the beginning of the shift and after break? \_\_\_\_\_

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What material or object was involved with the task? (estimated size and weight) \_\_\_\_\_

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Were there any obstacles that hindered the completion of the task? (Example: *doorway threshold, narrow stairwell, no ramp & steps at every entrance*) \_\_\_\_\_

\_\_\_\_\_

Indicate the work environment: (Example: *weather, temperature, illumination*)

\_\_\_\_\_

\_\_\_\_\_

Was material handling equipment used for this task? (Identify type) \_\_\_\_\_

\_\_\_\_\_

Was the person carrying anything at the time of the accident? If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Describe what occurred immediately leading up to the accident (ie. *"retrieving a 20 lb box of food in the freezer, box was stacked at eye level, slid box from top of stack, lost grasp and box began to fall, person then proceeded to catch 20lb box."*)

\_\_\_\_\_

\_\_\_\_\_

## 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.

Knowledge, Skill or Experience

Tired/Fatigued

Maintenance

Shortcut

Qualification

Attire

Personal Protective Equipment

Housekeeping

Temperature

Equipment Guarding

Unsafe Condition

Sudden outburst of student

Safety Rule

Procedure

Deadline

Placement/Capability

Tool

Inadequate staffing

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Investigator (Sign Name)

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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 arrangement of materials, a purchasing need or issue, housekeeping, maintenance, documentation/logs:

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Safety Committee Chairperson (Sign Name)

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Date of Safety Committee Investigation