

## Accident Investigation Form



CHECK ALL THAT APPLY

Near Miss      Actual      People  
Property      Process

Date/Time of Accident

Date/Time of Notification

Employee Data	Name (Last, First, Mi)			Job Title/Occupation			Sex Male Female	
	DOB (mm/dd/yyyy)	DOH (mm/dd/yyyy)	SSN (Last 4)	Status Married      Single      Widowed				
	Address (Street)		Apt #	City	State	Zip		

Accident Location	Client		Facility Name			Job No.	
	Address (Street)		Apt #	City	State	Zip	
	Location of Accident						

Environment	Work Local	Temp (f)	Humidity	Wind Speed	Wet Bulb/Chill	Outside Conditions	
	Lighting Level		Noise Level		Dust/Fumes	House Keeping	
	Special Note(s):						

Work Description	Crew Size (assigned)	Crew Size (actual)	Crew Makeup (record # of each)				
			Journeyman	Apprentices	Management	Laborers	
Description of Work							

Equipment Utilized	Tool/ Equipment Description	Condition	Properly Used	Emp Trained

<b>Medical Treatment</b>	Type of Treatment	Transportation Means	Treating Facility		
	Address of Treating Facility				
	Name of Treating Physician or Who Rendered 1 <sup>st</sup> Aid				
	Admitted to Hospital	Restrictions if Not Admitted			
		None	Time Off	Restricted Duty	Light Duty
	Description of Injury				
Disposition					

<b>Misc</b>	Additional information not noted above
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<b>Witnesses</b>	Name of Witness(s)	Company	Contact Number

<b>Synopsis Of Incident</b>	What was the employee doing just before the incident occurred (Describe the activity, tools, equipment, etc)
	What Happened (Explain how the injury occurred)
	Describe the injury, illness or damage
	What object or substance cause the injury, illness or damage

**Determination Of Cause And Remediation**

<b>LACK OF CONTROL</b>	<b>FAILURES IN</b>
Corrective action	

<b>ROOT CAUSE</b>	<b>FAILURES IN</b>	<b>JOB FACTORS</b>
Corrective Action		

<b>IMMEDIATE CAUSE</b>	<b>UNSAFE ACT</b>	<b>UNSAFE CONDITION</b>
Corrective Action		

<b>DIRECT CAUSE</b>	<b>TYPE OF LOSS</b>
Corrective Action	

Completed By (Signature)	Title	Date
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