



Accident Investigation Report

Human Resources

This form must be completed within 24 hours of all reported occupational injuries, illnesses, or accidents and submitted to the OSHA Compliance Officer/ Director of Human Resources. If you have any questions, please call 447.6925.

Section One: Identifying Information		
Employee Name: <small>Click here to enter text.</small>	Employee ID Number: <small>Click here to enter text.</small>	Employee Job Title: <small>Click here to enter text.</small>
Date of Accident: <small>Click here to enter a date.</small>	Time of Accident: <small>Click here to enter text.</small>	Location of Accident: <small>Click here to enter text.</small>
Did the employee receive any type of medical care: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe: <small>Click here to enter text.</small>		
Did injuries result in lost time and/or restricted duty? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe: <small>Click here to enter text.</small>		
Witness name(s): (attach statements to report) <small>Click here to enter text.</small>		

Section Two: Accident Information	
Describe how the accident occurred: <small>Click here to enter text.</small>	
Type of accident (e.g.: slip & fall, struck by, collision, dropped load, etc.): <small>Click here to enter text.</small>	
Type of injury (e.g.: laceration, strain, fracture, burn, etc.): <small>Click here to enter text.</small>	
Injured body part (e.g.: hand, arm, neck, leg, etc.): <small>Click here to enter text.</small>	
Non-vehicle involved	Vehicle involved
Where did the accident occur (e.g.: hallway, parking lot, office/room, etc.): <small>Click here to enter text.</small>	Vehicle type (e.g.: forklift, mower, auto, truck, etc.): <small>Click here to enter text.</small>
Machine/Equipment/Tool(s) Involved (e.g.: press, drill, staple gun): <small>Click here to enter text.</small>	Description of damage: <small>Click here to enter text.</small>

Section Three: Contributing Factors (Check all contributing factors to the accident in the boxes below)

Non-vehicle involved

- Distraction
- Failure to secure (locking, closing, tightening)
- Failure to use PPE
- Failure to warn (signs, barricades, alarms)
- Horseplay
- Improper body mechanics
- Improper loading
- Improper placement
- Improper position for task
- Improper safety equipment
- Safety devices inoperable
- Removing safety devices
- Operating equipment without authority
- Operating at improper speed
- Servicing equipment in operation
- Using defective equipment or tools
- Using equipment or tools improperly
- Under influence of drugs or alcohol
- Excessive Noise
- Fire or Explosion
- Hazardous environmental conditions (spills, gases, dust, smoke, fumes,
- High or low temperature exposure
- Icy or slippery conditions
- Inadequate lighting
- Inadequate ventilation
- Inadequate warning system (alarms, barricades, signs)

Vehicle involved

- Following too closely
- Improper turning
- Improper backing
- Improper lane change
- Improper passing
- Improper parking
- Improper use of mirrors
- Improper use of turn signal
- Improper use of lights
- Improper use of horn
- Misjudged clearance
- Failed to yield right of way
- Failure to use safety equipment
- Under the influence of drugs or alcohol
- Disregarding traffic signs or signals
- Unsafe speed for conditions
- Improper or over-loaded
- Defective brakes
- Worn/smooth
- Defective lights (vehicle)
- Inadequate lighting (roadway)
- Defective windshield wipers
- Defective steering mechanism
- Road construction
- Loose road surface materials
- Holes/ruts in road
- Standing water
- Icy/snowy road conditions

<input type="checkbox"/> Poor Housekeeping; disorder <input type="checkbox"/> Projecting hazard <input type="checkbox"/> Pinch point (gears, pulleys, belts, etc.) <input type="checkbox"/> Other (explain in detail below)	<input type="checkbox"/> Inclement <input type="checkbox"/> Parked/stopped vehicle <input type="checkbox"/> Obstruction to view (signs, trees/bushes, building, etc.) <input type="checkbox"/> Glare <input type="checkbox"/> Fog or smoke <input type="checkbox"/> Other (explain in detail below)
Provide details for all contributing factors checked above: Click here to enter text.	

Section Four: Root Causes <i>(Check all applicable causal factors that, if corrected, would prevent recurrence of the same or similar injury/illness, accident, or near miss.)</i>			
Personal Factors <input type="checkbox"/> Improper work habits <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Physical limitations <input type="checkbox"/> Pre-existing condition	Job Factors <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Improper design <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate training </td> <td style="vertical-align: top;"> <input type="checkbox"/> Overtime/excessive hours <input type="checkbox"/> Unusual work <input type="checkbox"/> Wear and tear <input type="checkbox"/> Not employee's regular job <input type="checkbox"/> Not employee's regular hours </td> </tr> </table>	<input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Improper design <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate training	<input type="checkbox"/> Overtime/excessive hours <input type="checkbox"/> Unusual work <input type="checkbox"/> Wear and tear <input type="checkbox"/> Not employee's regular job <input type="checkbox"/> Not employee's regular hours
<input type="checkbox"/> Abuse or misuse <input type="checkbox"/> Improper design <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate training	<input type="checkbox"/> Overtime/excessive hours <input type="checkbox"/> Unusual work <input type="checkbox"/> Wear and tear <input type="checkbox"/> Not employee's regular job <input type="checkbox"/> Not employee's regular hours		
Provide details for all the root causes checked above: Click here to enter text.			

Section Five: Corrective Action Plan (Check all actions needed to eliminate recurrence of the same or similar injury/illness, accident, or near miss.)

Change Behavior	Change Procedures	Make Work Improvements
<input type="checkbox"/> Prevent/correct employee bypassing safety devices <input type="checkbox"/> Prevent/correct operation of unsafe equipment <input type="checkbox"/> Enforce use of safety equipment and/or <input type="checkbox"/> Prevent/correct unsafe speed or improper <input type="checkbox"/> Address misuse or addiction <input type="checkbox"/> Address general health problem <input type="checkbox"/> Take disciplinary action	<input type="checkbox"/> Modify housekeeping procedures <input type="checkbox"/> Develop safer work procedures <input type="checkbox"/> Communicate job procedures <input type="checkbox"/> Review skills <input type="checkbox"/> Review/improve maintenance of tools or equipment <input type="checkbox"/> Redesign work process <input type="checkbox"/> Additional	<input type="checkbox"/> Modify design of workstation <input type="checkbox"/> Modify lighting or ventilation <input type="checkbox"/> Better tools or equipment <input type="checkbox"/> Safeguard against failure of safety <input type="checkbox"/> Prevent/correct unguarded hazard <input type="checkbox"/> Prevent/correct slippery/wet conditions <input type="checkbox"/> Prevent/correct blind corners <input type="checkbox"/> Prevent/correct uneven flooring <input type="checkbox"/> Prevent/correct unsafe conditions

#	Description of corrective action	Assigned To	Completion Date
1	Click here to enter text.	Click here to enter text.	Click here to enter a date.
2	Click here to enter text.	Click here to enter text.	Click here to enter a date.
3	Click here to enter text.	Click here to enter text.	Click here to enter a date.
4	Click here to enter text.	Click here to enter text.	Click here to enter a date.
5	Click here to enter text.	Click here to enter text.	Click here to enter a date.

Section Six: Risk Assessment

If this accident went uncorrected and happened again, how severe would it be?
Choose an item.

If this accident went uncorrected, what is the probability it would reoccur?
Choose an item.

Section Seven: Investigation Conducted by:

Name: Click here to enter text.	Title: Click here to enter text.
Signature:	Date: Click here to enter a date.