

Accident Investigation Report

Refer to EH&S Safety Instruction: [Accident / Incident Reporting and Investigation](#) for assistance in completing this report.

Investigator's Information

Name (Last, First)	Department	Today's Date (m/d/yyyy)
Job Title	Work Phone	Other Phone
Comments / Names of Other Investigators		

Secure the Scene

Is the hazard sufficiently controlled to prevent further injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Was medical assistance provided to ensure the well-being of the affected employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the scene secured to protect clues for analysis purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Collect the Facts

Affected Employee's Name (Last, First)	Work Area / Job Title	Phone #
Department	Building	Area or Room(s)
Supervisor Name (Last, First)	Title	Phone #
Date of Incident (m/d/yyyy)	Time of Incident (hh:mm) <input type="checkbox"/> AM <input type="checkbox"/> PM	Location of Incident (Address/ Bldg Name & Rm #)
Resulted in employee injury/ illness? <input type="checkbox"/> Yes: describe at right ⇨, then continue ⇩ <input type="checkbox"/> No: continue below ⇩⇩	Nature of the Injury	Body Part(s) Affected (choose up to 3)

Incident Details

	Witness Name(s)	Phone #
Specific task being performed at time of incident:		
PPE being used:		
Equipment / tools involved:		
Materials / Chemicals handled:		
Unusual condition(s):		
Other relevant details:		

Continued on attached sheet

Does this incident involve a Sharps Injury? No Yes: Per Federal and Oregon State laws, this incident shall be reported via the [OSU Sharps Injury Log](#).
(OR Sharps defined: needles, scalpel and razor blades, lancets, broken glass tubes, and ANY syringe removed from their original container)

Does this incident involve an Animal Bite? No Yes: Per State law, this incident shall be reported per the EH&S Safety Instruction: [Animal Bite Reporting](#).
(NOT including human or purpose-bred class A research rodents)

Medical evaluation:

Deemed unnecessary by the affected employee; Employee intends to seek an evaluation; Employee has already had an evaluation

IMPORTANT: For other reporting requirements, go to the OSU Office of Human Resources [Worker's Compensation Resources](#) website.

Develop the Sequence of Events

Use this working space, as necessary, to determine the order of events and to construct an accurate timeline before, during, and after the incident

Potential Causal Factors (check all that possibly apply)

Process/ Environment-related:

- Housekeeping
- Work procedure, or lack of
- Repetitive motion
- Tool / equipment condition
- Tool / equipment availability
- Workstation / area setup
- PPE availability
- Flooring / ground
- Lighting
- Ventilation
- Other:

Personnel-related:

- Following of policy / procedure / instruction
- Level of support / assistance
- Tool/ equipment use or selection
- Other:
- Awkward posture(s)
- PPE use
- Work pacing
- Level of attention to task

Possible Root Causes: Factors contributing to the workplace condition(s) / act(s) identified above

- Awareness of job hazards
 - Level of training
 - Level of inspection/ maintenance
 - Level of communication
 - Level of resources available
- Additional details on other possible cause(s):*

Corrective Measures (check all that possibly apply - Contact EH&S to request assistance as needed • 737-2273 • ehs@oregonstate.edu)

- (1) Provide training on the outcome of this investigation
- (2) Provide initial / refresher training
- (3) Provide appropriate tool / equipment
- (4) Evaluate equipment / facility condition*
- (5) Post safety signage in area
- (6) Review inspection and / or maintenance program
- (7) Review formal work procedure
- (8) Provide appropriate PPE
- (9) Assess newly identified hazard(s)
- (10) Conduct ergonomic evaluation
- (11) Review as job performance issue
- (12) Other:

*For facility-related concerns, you can submit and track a Work Order Request online through the [My Facilities Services](#) webpage.

Follow-up Action(s): The *Action Code* is the number in parentheses (X) above.

Upon completion of columns 1 – 4, send a copy of this report to the [EH&S Occupational Safety Officer](#).

As corrective measures are completed, record date and initial (columns 5 & 6) the original form for Supervisor record-keeping purposes.

1	2	3	4	5	6
Action Code #	Description of Recommended Corrective Measures	Who will implement?	By When? m/d/yyyy	Completed m/d/yyyy	Supervisor Initials

Follow-up Actions continued on attached sheet

Supervisor's Name

Signature**

Date
(m/d/yyyy)

** Signing of this form does not constitute acceptance or assignment of individual fault.

Communicating Findings

A friendly reminder: Sharing the results from this accident investigation with peers & partners (i.e. similar departments and operational units, EH&S) can go a long way in the development of best practices and continuous improvement that can lead to a safer and more productive workplace for all.