

Company Name \_\_\_\_\_ Employee involved \_\_\_\_\_

Dept. where accident occurred \_\_\_\_\_ Employee's regular Dept. \_\_\_\_\_

Machine # or equipment employee was working with \_\_\_\_\_

Occupation \_\_\_\_\_ Length of time on job where accident occurred \_\_\_\_\_

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_  a.m.  p.m. Shift \_\_\_\_\_

If an injury occurred, was it treated  On site  EMS  Clinic  Hospital  Near miss-no injury

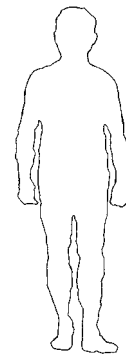
Other (describe) \_\_\_\_\_

Following treatment the injured returned to work:

Same day  Next Shift  Lost Time at:  Previous Job  Modified Work

Completely describe accident (*who, what, when, where, why*)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



(Circle body part injured)

Body part(s) injured (see back) \_\_\_\_\_

Nature of injury (see back for choices) \_\_\_\_\_ Accident type (see back) \_\_\_\_\_

Analyze then describe the underlying causes of the accident, in your opinion, considering Policies, Procedures, Equipment, Training and Supervision Practices. (Note: employee carelessness is not a cause) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Analyze and describe the Preventative Measures you recommend to address the underlying causes of the accident, considering Company Policies, Procedures, Equipment, Training, and Supervision Practices. (Note: just telling the injured employee to be more careful, after the accident is an incomplete supervision practice) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Person or position who would be responsible for implementing the above: \_\_\_\_\_

Action(s) or corrective action(s) taken to prevent re-occurrence of the above incident or the like: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date corrective action(s) completed: \_\_\_\_\_ By: \_\_\_\_\_

Signature of individual

## REFERENCE INFORMATION

**Policy:** What your company has determined to be standard practice.

*Example: Eye protection will be worn when necessary.*

**Procedure:** Who is responsible for, and how, the policies are to be carried out.

*Example: The supervisor will see that safety glasses are worn when necessary.*

**Supervision:** What and how the Supervisor's responsibilities are for enforcing the Policies and Procedures.

*Example:*

1. Determine if the task requires eye protection, and
2. If it does, will assign safety glasses to each employee, and
3. Will check to see if everyone puts them on and
4. Continue to wear them

**Equipment:** Could also include tools, personal protective equipment, the work area, the product, and containers.

*Example: Properly fitting Safety Glasses in good condition.*

**Body Part** – Pick one then copy it on the front of the form.

Upper Back	Lower Back	Head	Ear	Eye	Face
Finger/Thumb	Hand	Wrist	Arm	Shoulder	Other (describe)
Foot	Knee	Leg	Groin/Pelvic	Internal Organ	

**Nature of Injury** – Pick one then copy it on the front of the form.

Strain/Sprain	Cut/Laceration	Puncture	Bruise/Contusion	Inflammation	Fracture
Repetitive Motion	Dermatitis/Rash	Eye Struck by	Burn	Shock	Crush
Amputation	Hernia	Crush	Other (describe)		

**Accident Type** – Pick one then copy it on the front of the form.

Assembly Operations	Lifting/Lowering	Pushing/Pulling	Other Manual Material Handling	Operating Machine
Adjusting Machine	Repetitive Work	Vehicle Related	Office Work	Using Hand Tools
Cooking	Welding/Burning	Agricultural	Other (describe)	

Miscellaneous Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_