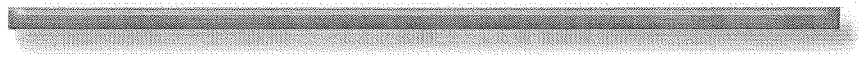


Accident Investigation Form

Name of Injured Title
 Department Tele. Num.



1. Interview Injured Employee

Where Did the Accident Occur?

Inside Outside
 Building Room #
 Street Near Building(s)

What Were the Conditions at the Time of the Accident? (Day, Night, Sunny, Rainy, Foggy)

Describe What Happened (in detail):

What Was the Cause of the Accident?

cut with sharp object	burned on hot surface/object	fell off steps/ladder/curb
lifting object	tripped by object/uneven surface	damaged/defective equipment
slipped on wet surface	struck by/against object	repetitive motion
stuck with a needle	contact with chemical	
other	<input type="text"/>	



If the cause of the accident was a needlestick please answer the following questions:

Type of Sharp involved:
 Brand of Sharp involved:

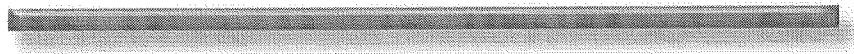
If the sharp was outfitted with a protective mechanism, did the injury occur before, during, or after the activation of the protective mechanism?

Your opinion as to whether and how a protective mechanism could have prevented the injury:

[Empty text box for opinion on protective mechanism]

Your opinion on any other control that could have prevented the injury:

[Empty text box for opinion on other controls]



Who Was the Employee With at the Time of the Accident?

Alone

Fellow Workers

Other

[Text box for 'Other' category]

List Names and Location of Crew/Fellow Workers Present at the Time of the Accident:

[Empty text box for listing names and locations]

[Two text boxes for signature and date]

Employee's Signature

Date



2. Interview Crew/Fellow Workers/Others

What did the Crew/Fellow Workers See?

[Empty text box for interview details]

How Did the Crew/Fellow Workers View the Condition of the Injured Person?

No Sign of Injury

Injury

Conscious

Unconscious

No Pain

Cut

Bleeding

Pain

part of body:

[Text box for part of body]

Clean

Dirty

Muddy

Wax on Clothes

Torn Clothes



3. Perform a Visual Inspection of the Accident Location

Physical Condition

liquid on floor

odor

Equipment Condition

cut/frayed wires

damaged equipment

Personal Protective Equipment

equipment is not being used

equipment is unavailable

- poor lighting
- crack in floor
- obstructed exit/aisle
- poor housekeeping
- equipment too close
- inoperable equipment
- improper equipment
- improper storage
- unguarded blades
- equipment is dirty
- equipment is broken

Other



4. Supervisor's Conclusions

- Were there policies/procedures dealing with the operation in place at the time of the accident? yes no
- Were policies/procedures dealing with the operation being followed at the time of the accident? yes no
- Did the injured employee receive safety training regarding the operation prior to the accident? yes no

How Could the Accident Have Been Prevented? (Please be specific)

What Corrective Actions Have You Taken Regarding the Accident? (May be more than one)

Corrected a Physical Condition
 (general housekeeping, cleared aisles/exits, cleaned floors, removed chemicals)
 Explain:

Corrected an Equipment Condition
 (shut down operation, contacted O&M for repairs, placed a guard on equipment)
 Explain:

Personal Protective Equipment
 (purchased gloves/goggles/hardhat, replaced old equipment, made equipment accessible)
 Explain:

Job Training
 (created safe work procedures, provided training to employees on safe procedures)
 Explain:

Posted Warning Signs
 Explain:

Other
 Explain:

What Counseling Have You Provided to Your Employees to Prevent a Similar Accident from Occurring?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor's Name	Date	Director's Name	Date
<input type="text"/>		<input type="text"/>	
Supervisor's Email Address		Director's Email Address	

