



Company Name _____ Employee involved _____

Dept. where accident occurred _____ Employee's regular dept. _____

Machine no. 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 Other(describe) _____ Near miss/no injury

Following treatment the injured employee returned to work:

Same day Next shift Lost Time at: Previous job Modified work

Circle body part injured

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



Body part(s) injured (see 2nd page) _____

Nature of injury (see 2nd pg. for choices) _____ Accident type (see 2nd pg) _____

Analyze and then describe the underlying cause 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 supervisory practice):

Supervisor's Signature

Date

Employee's 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: _____

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 RESPONSIBILITY IS FOR ENFORCING THE POLICIES & 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. CONTINUES 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:

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:

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:

ASSEMBLY OPERATIONS	LIFTING/LOWERING	PUSHING/PULLING	OTHER MANUAL MATERIAL HANDLING
OPERATING MACHINE	ADJUSTING MACHINE	REPETITIVE WORK	VEHICLE RELATED
OFFICE WORK	USING HAND TOOLS	SLIP/FALL (SAME LEVEL)	
SLIP/FALL (FROM HEIGHTS)	PAINTING	BUFFING/GRINDING	CONSTRUCTION OPERATIONS
COOKING	WELDING	AGRICULTURAL	OTHER (DESCRIBE)