# Accident Investigation Plan

# Tips and Considerations

**Applicability.** The primary application of the Plan is to prevent future injuries and property damage through hazard analysis and correction of accidents as they happen. It can be used to fulfill many requirements of state workers’ compensation rules for accident reporting. Accident investigations determine how and why people or equipment fail to behave or operate as expected. By using the information gained through an investigation, a similar, or perhaps more disastrous, accident may be prevented. It is important to conduct accident investigations with prevention in mind.

This Plan and accompanying report forms are not intended as a substitute for the OSHA illness and injury reporting requirements. It supports many of the elements of the OSHA Form 301 Injury and Illness Incident Report, and information from the reports attached to the Plan can be used to complete the OSHA reports.

**Reporting requirements:** Any incident that results in a fatality must be reported to OSHA within 8 hours, and any incident that results in the inpatient hospitalization of one or more employees, an amputation, or the loss of an eye must be reported to OSHA within 24 hours. To make a report, call the local OSHA area office (<https://www.osha.gov/html/RAmap.html>), call the 24-hour OSHA hotline at 800-321-OSHA (6742), or report online at <https://www.osha.gov/pls/ser/serform.html>.

**Job hazard analysis.** This Plan was developed under the assumption that you have already conducted a Job Hazard Analysis (JHA) of activities and conditions in your workplace. It is a technique that focuses on job tasks as a way to identify hazards before they occur. It focuses on the relationship between the worker, the task, the tools, and the work environment. JHAs are used to establish baseline safe work practices and procedures.

**Review and incorporate state regulatory requirements.** This plan is based on federal requirements and/or best practices. Some states have laws and regulations that are stricter than federal requirements and may impact how you customize this plan. Review your state laws and make any necessary modifications to the plan.

**Note on federal requirements:** The only federal safety standard that explicitly requires incident investigations and investigation reports is the process safety management standard for highly hazardous chemicals (29 CFR 1910.119).

# [Company name]

# Accident Investigation Plan

Plan last updated: **[date]**

# Policy Statement

It is the policy of **[Company name]** to identify any hazardous conditions or unsafe actions that occur after all appropriate safety controls are in place, to determine the causes of the hazards or unsafe actions, and to take immediate corrective action.

# Authority and Scope

**Authority.** **[Insert your state’s worker’s compensation requirements for investigations, if applicable. If applicable, cite the process safety management investigation requirements under 29 CFR 1910.119(m). Otherwise, list the executive or department that authorizes accident investigations.]**

**Scope.** All accidents that cause or have the potential to cause serious injuries to employees, contractor employees, visitors, and damage to the property of **[Company name]** are covered by this Plan.

The accident reports generated under this Plan may be used to fulfill in part the OSHA injury and illness reporting requirements under 29 CFR 1904.

# Program Administration

Table **[number]** provides the personnel and contact information for the administration of accident investigations.

**Table [number]**

**Program Contact Information**

**[Modify the list and following job functions as applicable to your organization.]**

|  |  |  |
| --- | --- | --- |
| **Function** | **Name/Department** | **Contact Information** |
| Safety and Health Program Administrator | **[Name]** | Work phone: Cell phone: |
| Principal Accident Investigator |  | Work phone: Cell phone: |
| Accident Investigator |  | Work phone: Cell phone: |
| Accident Investigator |  | Work phone: Cell phone: |
| Supervisor(s) |  | Work phone: Cell phone: |
| Human Resources Manager |  | Work phone: Cell phone: |
| Safety Committee Chairperson |  | Work phone: Cell phone: |

**Safety and Health Program Administrator.** The Administrator will:

* Develop and revise, when necessary, the Accident Investigation Plan.
* Provide relevant training to ensure that accident investigators and other personnel involved in accident investigations properly carry out investigations.
* Monitor corrective actions implemented as a result of accident investigations.
* Make recommendations when needed concerning the effectiveness of corrective actions.

**Principal Accident Investigator.** The Principal Accident Investigator will direct and/or conduct investigations of all accidents and injuries sustained by employees, contractor employees while they are working at a **[Company name]** work site, and visitors to **[Company name]** work sites, according to the procedures outlined in this Plan. He or she will develop and implement corrective actions to prevent the causes of accidents and injuries identified through accident investigations.

**Accident Investigator(s).** The Accident Investigator will conduct investigations and implement corrective actions as directed by the Principal Accident Investigator.

**Supervisor(s).** Supervisors must:

* Ensure that injured or ill employees receive immediate medical attention.
* Immediately notify **[name, job title, or department]** of the accident, injury, or near-miss, including any damage to equipment or other property.
* Advise the employee of his or her accident reporting requirements and provide the employee with **[name/number of the worker’s compensation claims form]**, then send the completed form to **[name, job title, or department]** within 24 hours.

**Human Resources Manager.** The Human Resources Manager will provide the authorization for medical treatment of employees prior to their employment. Such staff will contact the employee(s), describe benefits, and develop a plan for returning the employee(s) to work.

**Employees.** All employees of **[Company name]**, including employees of contractors working at **[Company name]** work sites, must report work-related injuries and illnesses to their supervisor(s) and complete the employee section of the **[name of the accident report form].**

## Program Review and Update

This Plan will be reviewed and updated as needed to maintain the integrity of the accident investigation and reporting program.

# Definitions

*Accident*—any unplanned and undesired event that results in personal injury or in property damage.

*Near-miss incident*—an unplanned, undesired event that adversely affects completion of a task and does not result in an injury that requires medical treatment nor causes property damage.

*Direct cause*—a person or property receives an amount of energy or hazardous material that cannot be absorbed safely.

*Indirect cause*—unsafe acts and conditions.

*Basic cause*—poor management policies and decisions, or personal or environmental factors, which lead to indirect causes.

*Medical treatment*—response by professional medical personnel to serious injuries and illnesses, such as puncture wounds, fractures, infections, second- and third-degree burns, and other injuries that require more than one-time treatment or observation.

*Near miss*—incidents where no property was damaged and no personal injury sustained, but where, given a slight shift in time or position, damage and/or injury easily could have occurred.

# Accident Investigation and Reporting Procedures

## Injury to Employees/Property Damage

If an employee sustains a work-related injury, the employee or a co-worker will immediately notify the supervisor of the work-related injury or illness, and the supervisor will ensure the injured or ill employee receives prompt medical treatment. The employee will complete the employee part of the **[name of the accident report form]**. If the date and time of the injury or illness cannot be determined, such as an injury caused by cumulative or repeated stress, the date of the last time that the employee worked is entered on the form.

Any person who observes or causes damage to property or equipment will immediately report such damage to a supervisor.

## Injury to Visitors

Injuries sustained by visitors at a **[Company name]** work site will be reported to **[name, job title, or department]**. Injured visitors will be provided immediate medical treatment if necessary. The causes of injuries to visitors will be investigated through the same processes as for an employee accident investigation.

## Near-Miss Incident

The investigation procedures for near-miss incidents will follow an abbreviated outline derived from the Accident Investigation Report procedures.

See Attachment **[number]** for a copy of the Near-Miss Investigation Report form.

## Accident Investigation Procedures

The Principal Accident Investigator and/or other Accident Investigator(s) will follow the procedures outlined below to conduct accident investigations:

1. Launch an accident investigation after a work-related injury or illness that requires medical treatment or property damage occurs at any **[Company name]** work site.
**[Add one or both of the following sentence(s) if repetitive stress or near-miss accidents are investigated at your work site:**
Repetitive stress injuries (not the result of a single accident) will be investigated.
Near-miss incidents will also be investigated.**]**
2. Assign investigators to carry out specific tasks. Such tasks include:
	* Inspect the accident site.
	* Interview witnesses and injured person(s).
	* Compile and review data.
	* Develop recommendations for corrective action(s).
	* Compile the written investigation report.
3. Present a preliminary briefing to the investigating team, including:
	* A description of the accident, with damage estimates
	* Normal operating procedures
	* Maps (local and general)
	* The location of the accident site
	* List of witnesses
	* Events that preceded the accident
4. Visit the accident site to:
	* Secure the site to protect evidence and prevent further injuries.
	* Inspect the area, including walking and working surfaces, equipment, entrances and exits, air quality systems, and all other conditions, processes, or items that could possibly have contributed to the accident or injury.
	* Record electronically and in writing the details of the accident site, including lighting conditions, other environmental factors, and any unsafe conditions, tools, equipment, or operations.
	* Document the location of victims, witnesses, machinery, energy sources, and hazardous materials.
	* Prepare the necessary sketches and photographs, label each item carefully, and keep accurate records.
5. Interview each injured person and witness. Also, interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview. Record the interviews if desired and if approved. See Attachment **[number]** for a copy of the Accident Witness Statement Form and instructions for conducting interviews.
6. **[Choose the best option for determining the cause of an accident or insert your own process; delete the option(s) not chosen:**
	* **Option 1: Abnormality determination**
	* **Option 2: Change analysis]**

**[Option 1]**

After all information from the accident site and interviews have been collected, determine and record in writing:

* + What was not normal before the accident
	+ Where the abnormality occurred
	+ When the abnormality was first noted
	+ How it occurred

**[Option 2]**

Conduct a change analysis of all the information from the accident site and interviews:

* + Define the problem (what happened?).
	+ Establish the norm (what should have happened?).
	+ Identify, locate, and describe the change (what, where, when, to what extent).
	+ Specify what was and what was not affected.
	+ Identify the distinctive features of the change.
	+ List the possible causes.
	+ Select the most likely causes.
1. Analyze the data collected from the determination/analysis of accident causes. Repeat any of the prior steps, if necessary. Determine:
	* Why the accident occurred
	* A likely sequence of events and probable causes (direct, indirect, and basic)
	* Alternative sequences
2. Check each sequence against the data from the determination/analysis of accident causes.
3. Determine the most likely sequence of events and the most probable causes.
4. Develop recommendations for corrective action, if needed.
5. Conduct a post-investigation briefing.
6. Prepare a summary report including the recommended actions to prevent a recurrence, and distribute the report according to applicable instructions. See Attachment **[number]** for a copy of the Accident Investigation Report form and instructions.

# Motor Vehicle Accident Investigation

## Accident Investigation of On-Road Motor Vehicles

Employees must notify their supervisor of any work-related accident with on-road motorized vehicles. The supervisor must notify **[name, job title, or department]**.

The process for investigating accidents involving motorized vehicles will be conducted by the appropriate government authorities and the vehicle insurance provider.

All **[Company name]**-owned on-road motorized vehicles are covered against physical damage and operator liability for personal injury and property damage. Any accident involving a **[Company name]** vehicle must be reported to the police. If the police do not come to the scene of the accident, the person operating the vehicle, if possible, must go to the police to file an accident report.

An employee of **[Company name]** who is involved in an accident while operating a personal motorized vehicle and performing a work-related task must immediately report the accident to police, and notify his or her supervisor of the accident. The employee must file an accident report with the police and make a copy of the report available to **[Company name]**.

## Accident Investigation of Off-Road Motor Vehicles

Any accident involving a non-licensed off-road vehicle owned or operated by **[Company name]** or used for hire by **[Company name]** must be reported to a **[Company name]** supervisor. An accident investigation will be conducted by a **[Company name]** investigator.

# Accident Investigation Reports

All investigations of accidents and injuries will be reported on the prescribed Accident Investigation Report form. See Attachment **[number]** for a copy of the Accident Investigation Report form.

All near-miss incidents and injuries that do not require medical treatment will be reported promptly to **[name, job title, or department]**. See Attachment **[number]** for a copy of the Near-Miss Incident Report form.

Accident investigators will submit all completed accident investigation reports to **[name, job title, department, or committee]** for review.

# Corrective Actions

**[Name, job title, department, or committee]** must approve the recommendations for corrective action outlined in the Accident Investigation Report. Once approved, **[name, job title, department]** will incorporate the corrective actions into the **[Company name]** safety and health program.

# Training

The Administrator will ensure that investigators and others engaged in accident investigations are trained in the techniques of workplace accident investigation, and that they receive all manuals, guides, and other information related to accident investigation.

The training program will include the following topics:

**[Modify the list as applicable to your investigation program.]**

* Initiating the accident investigation
* Inspection and documentation of the accident scene
* Interviews
* Accident analysis
* Root cause determination
* Development of recommendations for corrective action
* Writing the Accident Investigation Report

# Recordkeeping

**[Name, job title, or department]** will maintain comprehensive accident/ injury records and will maintain records of all accident investigation reports and data for **[time period]**.

Supporting Materials

**[*The following supporting materials can be used to supplement this plan.*]**

Attachment **[number]**—Near-Miss Investigation Report

Attachment **[number]**—Accident Witness Statement Form

Attachment **[number]**—Accident Investigation Report