# Accident Investigation Report

Attention: This form contains information relating to employee health and other privacy concerns and must be used in a manner that protects the confidentiality of employees to the fullest extent possible while the information is being used for occupational safety and health purposes.

Reason for report: \_\_\_ Injury \_\_\_ Illness \_\_\_ Accident \_\_\_ Fatality

Primary Investigator’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Investigation date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Employee Injury/Property Damage Information

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female (circle one)

Date and time of injury/damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ AM / PM

Exact location of the accident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Did the accident result in the death of one or more persons?\* Yes No

Did the accident result in the inpatient hospitalization of one or more persons?\*\* Yes No

Did the accident result in an amputation?\*\* Yes No

Did the accident result in the loss of an eye?\*\* Yes No

Was medical treatment provided? Yes No

Was this a recordable injury or illness? Yes No

If so, describe the treatment:

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

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\* Fatalities must be reported to OSHA within 8 hours. Call the local OSHA area office (<https://www.osha.gov/html/RAmap.html>), call OSHA’s 24-hour hotline at 800-321-OSHA (6742), or report online at <https://www.osha.gov/pls/ser/serform.html>.

\*\* Inpatient hospitalizations, amputations, and eye-loss incidents must be reported to OSHA within 24 hours. Call the local OSHA area office (<https://www.osha.gov/html/RAmap.html>), call OSHA’s 24-hour hotline at 800-321-OSHA (6742), or report online at <https://www.osha.gov/pls/ser/serform.html>.

Did the employee lose time from work? Yes No

Was the employee placed on restricted or light duty, or transferred to another job? Yes No

If so, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Amount of property damage: $

## Accident Account

Describe the accident (in the sequence that events occurred):

Describe the extent of injury or illness and body parts affected/property damage:

Specify the hazardous condition (source of unsafe energy or hazardous material):

Specify the unsafe act:

## Discussion

### Direct Causes—Energy Sources or Hazardous Materials

Discuss the specific energy sources (e.g., moving object or machine part) or hazardous materials, including how and why the sources or materials resulted in injury or property damage:

### Indirect Causes—Unsafe Acts or Hazardous Conditions

Discuss the normal or expected safe work conditions and practices, and the deviations from such conditions and practices that resulted in the injury or property damage:

### Basic Causes—Management Policies, Personal, or Environmental Factors

Was injury or damage caused by employee’s willful misconduct, intoxication, or intent to
injure self or another? Yes No

If yes, describe (use reverse)

Was the incident a result of violation of established safety policies? Yes No

If yes, explain (use reverse)

Has the employee received training to perform this procedure safely? Yes No

If no, explain (use reverse)

Was adequate personal protective equipment provided for the required tasks? Yes No

If no, explain (use reverse)

Are changes necessary in the operations or procedures to prevent this type of
incident in the future? Yes No

If yes, explain (use reverse)

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Recommended Corrective Actions

Describe recommendations for corrective action(s):

Schedule for the completion of corrective action(s):

Primary Investigator’s
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Distribution: Employee, Employee’s Supervisor, Safety Representative

**[Insert Department]**