

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 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

Employee Name (First, Middle, Last) _____ Phone No. (w/area code) _____ Social Security No. _____

 Date of Birth _____ Male Female Hire Date _____ Termination Date _____

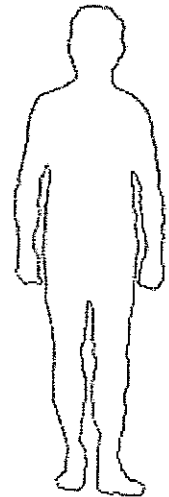
 Marital Status: Divorced Married Single Unknown Unmarried Widowed

Address _____ City _____ State _____ Zip _____

Employee's Occupation _____ Hourly _____ Employee's Supervisor _____

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 and 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 Preventive 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. 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 - Pick one then copy it on the front side 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 side 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 side 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
Slip/Fall Same Level	Slip/Fall From Heights	Painting	Buffing/Grinding	Construction Operations
Cooking	Welding/Burning	Agricultural	Other (describe)	

Miscellaneous Comments: _____

