Accident Investigation and Hazard Control

GENERAL INFORMATION

Person Involved:		
Job Title:	Depart	ment:
Supervisor:		
Incident Date:/ Time:	a.m./p.m.	Date Report:/
Was Accident Reported Immediately?	If Not, Why? _	
Incident Description:		
Activity:		
Reaction:		
Object(s) Involved:		
Exact Location:		
Description:		
Nature of Injury:		
Body Part Affected:		
Resulting Injury:		
Witness Names:		
DEFINITIONS Activity- What tasks were involved, what was the Reaction- What happened? (Example: employee Objects Involved- What tools, equipment, substate accident. Exact Location- Be as specific as possible. (Exam Description- Describe course of action that lead to Body Part Affected- What body part was injured specific as possible. Resulting Injury- Was it a laceration, contusion,	fell.) nces (water, chemic mple: Department 4 o accident. (Exampl or affected (neck, in	als, etc.) were contributing factors to the 2, CNC machine #3 operators area.) e: employee slipped on wet floor.)
SUPERVISOR INVESTIGATION		
How Long Has Employee Worked In This Depart	tment?	How Long This Job?
Was Employee Familiar With Operation Being Pe	erformed At Time O	f Accident?
Was Operation Being Performed At Time Of Acc	ident Part Of Emplo	yee's Normal Duties?
If Not, What Was Different?		

ROOT CAUSE ANALYSIS

Why Accident Occurred- List all contributing factors and ask "why" at least 5 times to step back to root cause. (Example: Water on floor – why? Machine was leaking – why? Condensation tray was full – why? Drain tube was plugged – why? Debris in drain tube – why? Scheduled maintenance did not address drain tube.)

Root Causes- Those contributing factors that lead to accident. (see why analysis above)

Corrective Action- What will be done to correct causes to mitigate problem (Example: include drain cleaning as part of routine maintenance.)

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Why Accident Occurred (Record All Details):
Root Causes:
Corrective Action Needed:
Corrective Action Assigned To:
Target Completion Date:/ Follow-up Date:/
Supervisor Signature:
Supervisor Review:
Safety Committee Review:
Salety Committee Review.
Date:/
Management Review:
·
Date:/

*When appropriate, add photographs or measurements to this form.

Just staple additional pages to this form and include as part of investigation.

ADDITIONAL NOTES: