**ACCIDENT/ INCIDENT ANALYSIS**

This report must be completed by the site’s Safety Committee Chairperson, or his designee.

1. Name of injured: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS#:\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Sex  Male,  Female Age: \_      \_\_ Date of accident: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Time of accident: \_\_     \_\_ a.m.  p.m. Day of accident: \_      \_\_\_\_\_\_\_\_\_\_\_\_
4. Employee’s job title: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Length of experience on job: \_\_     \_\_\_ years, \_\_     \_\_\_ months.
6. Address of location where the accident occurred: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Nature of injury, Injury type, and Part of body affected: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

8. Describe the accident and how it occurred: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Cause of accident: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Was personal protective equipment required?  Yes,  no. Was it provided?  yes,  no

Was it being used?  yes,  no. If “no” explain. \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

11. Witness (es):\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Safety training provided to injured?  yes,  no If “no” explain. \_\_     \_\_\_\_\_\_\_\_\_\_

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

1. Interim corrective action taken to prevent recurrence: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Permanent corrective action recommended to prevent recurrence: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of report: \_\_     \_\_\_\_\_\_\_\_, 20 \_\_\_\_\_ Prepared by: \_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor (signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Status and follow-up action taken by Coordinator: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Safety Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING**

**THE ACCIDENT/ ANALYSIS REPORT**

This report must be completed by the site’s safety committee’s chairperson, or his designee.

An accident analysis is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated. Find the facts. This is not to say responsibility should not be fixed where personal failure has caused injury. Nor, should those persons be excused from the consequences of their actions.

**(Items 1-6) Identification:** This section is self-explanatory.

**(Item 7) Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture.

**Injury Type:** First Aid - injury resulted in minor injury/treatment on premises; Medical - injury treated off premises by physician; Lost Time - injured missed more than one day of work; No Injury - no injury, near miss type of incident. **Part of Body Affected:** Part of the body directly affected, e.g., foot, arm, hand, head.

**(Item 8) Describe the Accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

**(Item 9) Cause of the Accident:** Describe all conditions or acts which contributed to the accident, i.e.

1. Unsafe conditions - spills, grease on floor, poor housekeeping or other physical conditions.

Unsafe acts - unsafe work practices such as failure to warn, failure to use required

personal protective equipment, etc.

**(Item 10) Personal Protective Equipment:** This section is self-explanatory.

**(Item 11) Witness(es):** List name(s), address(es), and phone number(s) for non-employees.

**(Item 12) Safety Training Provided:** Was any safety training provided to the injured related to the work activity being performed?

**(Item 13) Interim Corrective Actions:** Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations and/or temporary control of the hazard.

**(Item 14) Permanent Corrective Action:** Write in your recommendation to prevent this accident from reoccurring.

**(Item 15) Date of Report and Prepared By:** This section is self-explanatory.

**(Item 16) Status and Follow-up Action:** Once the investigation is complete, the Safety Manager shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the Board are taken, and control measures have been implemented.