VenSure Employer Services

Reset Form

Accident Investigation Report

Please complete this form as soon as possible after an incident that results in serious injury or illness occurs.
(Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss

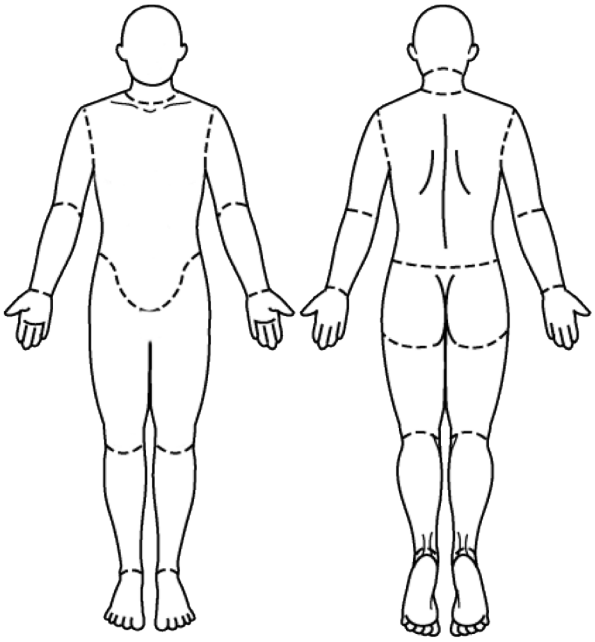
Date of Incident: _____

Step 1: Complete this part for each Injured Employee

Injured Employee Name: **Sex**: ☐ Male ☐ Female **Age**:

Department: **Job title at time of incident**:

Part of body affected: (shade all that apply)



Nature of injury:
(most serious one)

- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system: (e.g. nervous, respiratory or circulatory system)
- ☐ Other:

This employee works:

- ☐ Regular Full-Time
- ☐ Regular Part-Time
- ☐ Seasonal
- ☐ Temporary

Months with this employer:

Months doing this job:

Step 2: Describe the Incident

Address of where the incident occured: **City**: **State**: **Zip Code**:

Exact location of the incident (i.e. specific room): **Exact Time**: ☐ AM ☐ PM

What part of employee's workday: ☐ Entering or leaving work ☐ Doing normal work activities ☐ During meal period ☐ During break ☐ Working overtime ☐ Other

Name of Witness(es) if any:

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Number of attachments:	**Written witness statements**:	**Photographs**:	**Maps/drawings**:

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury: (Include names of any machines, parts, objects, tools, materials and other important details)

☐ Description continued on attached sheets

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)	**Unsafe acts by people:** (Check all that apply)
☐ Inadequate guard	☐ Operating without permission
☐ Unguarded hazard	☐ Operating at unsafe speed
☐ Safety device is defective	☐ Servicing equipment that has power to it
☐ Tool or equipment defective	☐ Making a safety device inoperative
☐ Workstation layout is hazardous	☐ Using defective equipment
☐ Unsafe lighting	☐ Using equipment in an unapproved way
☐ Unsafe ventilation	☐ Unsafe lifting by hand
☐ Lack of needed personal protective equipment	☐ Taking an unsafe position or posture
☐ Lack of appropriate equipment/tools	☐ Distraction, teasing, horseplay
☐ Unsafe clothing	☐ Failure to wear personal protective equipment
☐ No training or insufficient training	☐ Failure to use the available equipment/tools
☐ Other:	☐ Other:

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Was there a basis (such as "the job can be done more quickly" or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

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Step 4: How can future incidents be prevented?

What changes:

☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s)

☐ Redesign task steps ☐ Redesign work station ☐ Write a new policy/rule ☐ Enforce existing policy

☐ Routinely inspect for the hazard ☐ Personal Protective Equipment ☐ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

☐ Description continued on attached sheets

Step 5: Who completed and reviewed this form? (Please Print)

Written by:	**Title:**
Department:	**Date:**

Names of investigation team members:

☐ Description continued on attached sheets

Reviewed by:	**Title:**
	Date: