



Accident Investigation Report

CONTRIBUTING FACTORS: <i>(Check all that apply)</i>
Disabled safety device
Failure to use guarding
Failure to use PPE
Failure to use proper tools
Fatigue
Inadequate communications
Inattentiveness/distraction
Lack of skill or training
Operating at excessive speed
Physical limitations or mental attitude
Servicing moving equipment
Unauthorized use
Under influence of drugs or alcohol
Unnecessary haste
Unsafe act of others
UNSAFE CONDITIONS: <i>(Check all that apply)</i>
Congested work area
Defective tools/equipment
Excessive noise
Hazardous atmosphere
Inadequate guarding
Inadequate lighting
Inadequate ventilation
Poor housekeeping
Unsafe storage
Unsafe walking surfaces
MANAGEMENT CONTROLS: <i>(Check all that apply)</i>
Improper job placement
Lack of/or improper procedures
Inadequate instructions
Inadequate supervision
Inadequate safety rule enforcement
Inadequate preventive maintenance
Unsafe design/construction
Inadequate environmental controls
Inadequate staffing
Inadequate security
Inadequate warning system

Name of Injured: _____ Age: _____

Job Title/Position: _____

Length of Employment: _____ Length of time in position: _____

Permanent: _____ Temporary: _____ Part Time: _____

Date of Accident: _____ Time of Accident: _____

Address/location of Accident : _____

Witnesses: _____

Describe activity at time of accident: _____

Describe any unsafe behavior: _____

Describe any unsafe conditions: _____

Were other employees injured/involved in the accident? _____

If employee was injured doing normal work activities, why did injury occur in this case? _____

What corrective action is needed to prevent similar injuries? _____

Has this corrective action been taken? _____

If not, when will it be taken? _____

Supervisor/Investigator signature: _____ Date: _____

Reviewed and approved by: _____