

10.1 – Accident Investigation



GENERAL

Worksite:	Date:
Investigated by:	Reviewed by:

INJURED PERSON(S)

Name:	Phone:
Name:	Phone:

WITNESSES

Name:	Phone:
Name:	Phone:

INCIDENT/ACCIDENT CAUSE

<input type="checkbox"/> A single occurrence (fall from a height, struck by an object etc.)
<input type="checkbox"/> Exposure over time (working near toxic substances or repetitive actions)

SINGLE OCCURENCE

Location:	Date:	Time:
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EXPOSURE

Describe:	From:	To:
Is the worker still being exposed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often did the exposure occur? <input type="checkbox"/> Once <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other		
Duration of exposure in hours: <input type="checkbox"/> < 1/2 <input type="checkbox"/> 1/2 - 2 1/2 <input type="checkbox"/> 2 1/2 - 5 <input type="checkbox"/> > 5		

INJURY DETAILS

Body part:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	Nature of injury (cut, burn, bruise, etc.):
Body part:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	Nature of injury (cut, burn, bruise, etc.):
Body part:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both	Nature of injury (cut, burn, bruise, etc.):

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ACCIDENT DETAILS

What was the cause of the accident (struck by, fall, exposure, etc.):
What was the source of the injury (vehicle, floor, chemical, etc.):
Contributing factors (distraction, personal performance, environment, etc.):
Briefly describe what happened, including events preceding the accident:
Is there reason to believe the worker had a pre-existing condition: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:
Were the actions performed, part of the workers regular work: <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:

GENERAL

<input type="checkbox"/> Improve design	<input type="checkbox"/> Improve inspections	<input type="checkbox"/> Training
<input type="checkbox"/> Acquire safer equipment	<input type="checkbox"/> Improve maintenance	<input type="checkbox"/> Improve supervision
<input type="checkbox"/> Improve housekeeping	<input type="checkbox"/> Improve communication	<input type="checkbox"/> Disciplinary action
<input type="checkbox"/> Reassign/more help	<input type="checkbox"/> Create/revise procedure	<input type="checkbox"/> Other
Describe:		

CORRECTIVE ACTION

Required	Date of Completion