

## Accident/Near Miss Investigation Report

Injury/Illness                     
  Property Damage                     
  Near Miss                     
  Other

<b>Administration</b>	Plant: _____ Department: _____ Shift: _____ Accident Location: _____ Accident Date: _____ Time of Accident: _____ Day Accident Occurred: <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su      Occurred During Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Person(s) involved: _____ SSN: _____ Employee ID#: _____ Sex: <input type="checkbox"/> M/ <input type="checkbox"/> F                      Age: _____ Employee's Supervisor: _____ Occupation: _____ Years with Company: _____ Years in Present Occup: _____ Witness Name (s): _____
<b>Medical</b>	Injury Classification: <input type="checkbox"/> Fatality <input type="checkbox"/> Days Away from Work <input type="checkbox"/> Restricted Work <input type="checkbox"/> Medical Treatment <input type="checkbox"/> First Aid Deposition: <input type="checkbox"/> Return to Work <input type="checkbox"/> Sent Home <input type="checkbox"/> Sent to Hospital <input type="checkbox"/> Sent to Outside Medical Description of Injury/Illness: _____ Body Part(s) Affected: _____ Medical Treatment Applied: _____
<b>Property</b>	Type of Damage: <input type="checkbox"/> Buildings <input type="checkbox"/> Fixed Equipment <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Tools <input type="checkbox"/> Materials <input type="checkbox"/> Product <input type="checkbox"/> Material Handling Equipment Description of Damage: _____ _____ _____ _____
<b>Description</b>	Description of Accident: _____ _____ _____ _____ _____

		Immediate Causes		Root Causes		System Improvements			
<b>Cause Analyses</b>		<p><b>Unsafe Practices</b></p> <input type="checkbox"/> Hurrying to save time <input type="checkbox"/> Operating without Authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure <input type="checkbox"/> Improper speed <input type="checkbox"/> Making safety device inoperative <input type="checkbox"/> Using defective equip./tools <input type="checkbox"/> Using equip./tools improperly <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Inadequate PPE used <input type="checkbox"/> Servicing equip. in operation <input type="checkbox"/> Failure to lockout <input type="checkbox"/> Horseplay <input type="checkbox"/> Overexertion while lifting, pulling, pushing or reaching <input type="checkbox"/> Changing position suddenly <input type="checkbox"/> Positioned body in striking area of hazard <input type="checkbox"/> Other	<p><b>Unsafe Conditions</b></p> <input type="checkbox"/> Poor ergonomic design <input type="checkbox"/> Inadequate guards <input type="checkbox"/> Poorly designed equip./tools <input type="checkbox"/> Faulty/damaged equipment <input type="checkbox"/> Energized equipment <input type="checkbox"/> Congestion <input type="checkbox"/> Poor arrangement <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Hazardous atmosphere <input type="checkbox"/> Poor illumination <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Slip-fall hazard <input type="checkbox"/> Other	<input type="checkbox"/> Procedure not established <input type="checkbox"/> Procedure not known or understood <input type="checkbox"/> Procedure not followed <input type="checkbox"/> Procedure inadequate <input type="checkbox"/> Lack of training <input type="checkbox"/> Lack of supervision <input type="checkbox"/> Inadequate communication <input type="checkbox"/> Insufficient planning <input type="checkbox"/> Lack of knowledge <input type="checkbox"/> Lack of skill <input type="checkbox"/> Lack of enforcement <input type="checkbox"/> Workload too heavy <input type="checkbox"/> Avoiding discomfort <input type="checkbox"/> Avoiding effort <input type="checkbox"/> Physically impaired <input type="checkbox"/> Influence of emotions <input type="checkbox"/> Influence of fatigue <input type="checkbox"/> Influence of illness <input type="checkbox"/> Influence of drugs or alcohol <input type="checkbox"/> Other	<input type="checkbox"/> Management responsibility and accountability <input type="checkbox"/> Management training <input type="checkbox"/> Planned inspections <input type="checkbox"/> Job safety analysis <input type="checkbox"/> Accident/near miss investigation <input type="checkbox"/> Job safety observations <input type="checkbox"/> Emergency preparedness <input type="checkbox"/> Safe work practices <input type="checkbox"/> Accident analysis <input type="checkbox"/> Employee training <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Health control programme <input type="checkbox"/> Evaluation & Measurement <input type="checkbox"/> Engineering controls <input type="checkbox"/> Communications <input type="checkbox"/> Group meetings <input type="checkbox"/> Hiring & placement <input type="checkbox"/> Rule enforcement <input type="checkbox"/> Housekeeping <input type="checkbox"/> Other				
		Immediate Causes(explain): _____ _____ _____ Root Causes(explain): _____ _____ _____ System Improvements(explain): _____ _____ _____ Corrective Actions: _____ _____ _____ Target Completion Date: _____ Completion Date: _____							
<b>Costs</b>		<p><b>Direct Costs</b></p> <input type="checkbox"/> Medical Expenses <input type="checkbox"/> Building damage <input type="checkbox"/> Material damage <input type="checkbox"/> Other		<p><b>Indirect Costs</b></p> <input type="checkbox"/> Production delay <input type="checkbox"/> Training replacement <input type="checkbox"/> Clerical <input type="checkbox"/> Co-workers time		<input type="checkbox"/> Legal expenses <input type="checkbox"/> Equipment/Tool damage <input type="checkbox"/> Product damage		<input type="checkbox"/> Investigation time <input type="checkbox"/> Repairs <input type="checkbox"/> Injured workers time <input type="checkbox"/> Other	
<b>Approval</b>			(Print)	(Sign)	(Date)				
		Investigator/Supervisor:	_____	_____	_____				
		Department Manager Approval:	_____	_____	_____				
	Safety Manager/Coordinator Approval:	_____	_____	_____					

Attach additional documentation as required