



Accident Investigation Form

Note to Supervisor

Remember that an accident investigation is not designed to find fault or blame. Rather, it is a tool to find causes that can be controlled or eliminated

Completing the Investigation

Try to answer these questions:

- ✓ Who was injured?
- ✓ What materials, equipment, machines or other conditions were involved?
- ✓ Why did the accident happen?
- ✓ When did the accident happen?
- ✓ Where did it happen?
- ✓ How did the accident occur?

Make Recommendations

No accident investigation is complete unless corrective action is suggested and implemented.

Follow-up

Determine and document what action has been taken on your recommendations

Date: _____ Time: _____

Employee/Property Involved: _____

Position: _____ Date Employed: _____

Supervisor: _____ Department: _____

How long was employee performing this operation? _____

Was the employee instructed? Yes No

Did the accident result in an injury? Yes No

Severity of Injury: OSHA Recordable? Yes No

First-aid only

Medical treatment only

Near miss

Fatality

Lost workday (away from work)

Restricted duty (work or motion)

Date lost time began: _____ Date restricted time began: _____

Type of Injury:

Fall from elevation

Caught in, under or between

Contact w/ Temp. Extremes

Other

Fall on same level

Rubbed or abraded

Contact w/ other

Unknown

Struck against

Bodily reaction

Public transportation accident

Struck by

Overexertion

Motor vehicle accident

Puncture

Contact w/ electrical current

Slip

Nature of Injury:

Abrasion

Contusion

Fracture

Puncture

Sprain

Illness/Infection

Amputation

Crushed

Inhalation

Rash

Skin contact

Prop. Damage

Burn

Foreign Body

Laceration

Strain

Rep. Motion

Other (describe)

Body Part Injured:

Arm

Face

Groin

Internal Organs

Neck

Wrist

Back

Finger

Hand

Leg

Torso

Other (describe)

Eye

Foot/feet

Head

Multiple

Trunk

Comments:

Date of accident: _____ Time of accident: _____

Date reported to supervisor: _____

How did accident occur? _____

Cause of accident: _____

| Witnesses Name | Dept./Address | Phone Number |
|----------------|---------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Recommendations to prevent a recurrence: _____

What action has been taken/planned to date? _____

Signed: _____ Dept: _____ Date: _____

Safety Committee Comments

Endorses actions indicated above

Make new or additional recommendations

Recommendations: _____

Signed: _____ Date: _____

Executive

Special Orders: _____

Signed: _____ Dept: _____ Date: _____

Additional Comments:

Diagram or Photo:

IMPORTANT NOTICE: This risk control sample form provided by PMA Companies is intended to help support your loss prevention efforts. It is not intended to be complete or definitive in identifying all hazards associated with your business, preventing workplace accidents, or complying with any safety related or other laws or regulations. You are encouraged to address the specific hazards of your business and have your legal counsel review all of your plans and company policies.