



## ACCIDENT INVESTIGATION FORM

**This form must be completed by a supervisor in conjunction with a health and safety representative whenever an accident/incident occurs. A copy of the completed report must be forwarded to the Executive Director and to the Health and Safety Committee.**

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Experience (time) on the job: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### ACCIDENT/INCIDENT INFORMATION

Location of accident/incident (Be specific)	Date of accident/incident _____	Date accident/incident reported
	Time _____ am/pm	

### ACCIDENT/INCIDENT RESULTED IN – check all as appropriate

<input type="checkbox"/> Injury	<input type="checkbox"/> Near miss	<input type="checkbox"/> Hospitalization
<input type="checkbox"/> Illness	<input type="checkbox"/> First aid	<input type="checkbox"/> Recurrence
<input type="checkbox"/> Property damage	<input type="checkbox"/> Medical aid	<input type="checkbox"/> Other (please provide details): _____

Date of first missed shift: \_\_\_\_\_ # of days lost: \_\_\_\_\_

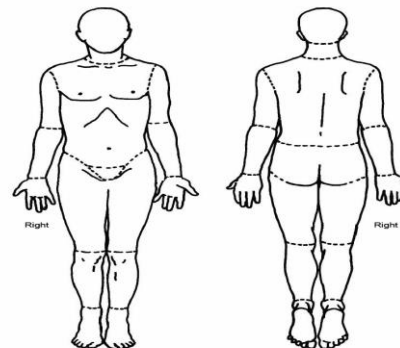
Approximate date of onset, if no specific date of injury: \_\_\_\_\_

Object/equipment/substance inflicting damage/injury: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

Body part(s) affected:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Evaluation of loss:

☐ Major ☐ Serious ☐ Minor

Probability of occurrence:

☐ High ☐ Moderate ☐ Low

Describe how the event occurred.

**IMMEDIATE CAUSES – check all as appropriate**

**Substandard Acts/Actions**

- ☐ Operating equipment without authority
- ☐ Failure to warn
- ☐ Failure to secure
- ☐ Operating at improper speed
- ☐ Making safety devices inoperable
- ☐ Removing safety devices
- ☐ Using defective equipment
- ☐ Failure to use PPE
- ☐ Improper loading
- ☐ Improper placement
- ☐ Improper lifting
- ☐ Improper position for task
- ☐ Servicing equipment in operation
- ☐ Horseplay
- ☐ Under influence of alcohol and/or other substances

**Substandard Conditions**

- ☐ Inadequate guards or barriers
- ☐ Inadequate or improper protective equipment
- ☐ Defective tools, equipment or materials
- ☐ Congestion or restricted action
- ☐ Inadequate warning system
- ☐ Fire and explosion hazard
- ☐ Poor housekeeping, disorder
- ☐ Hazardous environmental conditions, gases, smoke, dusts, fumes
- ☐ Noise exposure
- ☐ Radiation exposure
- ☐ High or low temperature exposure
- ☐ Inadequate or excess illumination
- ☐ Inadequate ventilation

What substandard acts/practices and conditions caused or could cause the event?

**BASIC CAUSES – check all as appropriate**

**Personal Factors**

- ☐ Inadequate capability
- ☐ Lack of knowledge/training
- ☐ Lack of skill
- ☐ Stress
- ☐ Improper motivation

**Job Factors**

- ☐ Inadequate supervision
- ☐ Inadequate engineering
- ☐ Inadequate purchasing
- ☐ Inadequate maintenance
- ☐ Inadequate tools/equipment
- ☐ Inadequate work standards
- ☐ Wear and Tear
- ☐ Abuse and/or misuse

What specific personal or job/system factors caused or could cause this event?

Remedial actions: What has and/or should be done to control the causes listed?

**Prevention of Accident/Incident Recurrence**

Describe what action is planned or has been taken to prevent a recurrence of the accident/incident, based on the key contributing factors.

Immediate action(s)

Long term action(s)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor (Print)

\_\_\_\_\_  
Health & Safety Signature

\_\_\_\_\_  
Health & Safety (Print)

\_\_\_\_\_  
Managerment Signature

\_\_\_\_\_  
Date

**REPORT FORM DEFINITIONS**

**INJURY** – physical harm or damaged to a person.

**ILLNESS** – unhealthy condition in mind or body.

**FIRST AID INJURY** – a minor injury requiring only first aid treatment.

**MEDICAL AID INJURY** – an injury requiring treatment by a health care professional.

**LOST TIME INJURY** – a disabling injury where the injured person is unable to report for the next regular shift.

**RECURRENCE** – an accident or incident which has occurred more than once.

**PROPERTY DAMAGE ACCIDENT** – accidental loss to equipment, material, and/or the environment.

**INCIDENT (NEAR-MISS)** – an undesired event that, under slightly different circumstances, could have resulted in personal injury, property damage or loss.