Accident/Incident Investigation:

How to Turn a Bad Event into a Learning Experience
An in-depth investigation of an accident or a near miss is not only the best tool for eliminating the chance that it could happen again, but it also provides a learning opportunity for the company to identify and eliminate operational deficiencies associated with accidents. With top management commitment and a well-defined investigation process, supervisors can take the lead and improve the overall operation.

At the end of this training session on accident investigations, you will be able to:

1. Use the three primary production factors to effectively investigate any workplace accident.

2. Develop an effective corrective action plan following an accident investigation.

3. Develop a formal process in your organization for accident investigation procedures.
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ACCIDENT VS. INCIDENT

ACCIDENT
An Undesired or Unplanned Event that results in a loss.

INCIDENT
An Undesired or Unplanned Event that, under slightly different circumstances, would have resulted in a loss.

NOTES:

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
ASPECTS TO CONSIDER FROM LOSSES

HUMAN ASPECTS

1. Emotional hardship experienced by family members of the injured person.

2. Physical pain and distress suffered by the injured person.


4. Financial hardships associated with being out of work.

ECONOMIC LOSS

¢ Direct

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

¢ Indirect

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

¢ Redirected

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
**MEMIC COST ANALYSIS WORKSHEET**

**Indirect Cost Worksheet for Lost Time Injuries**

*Complete shaded areas with actual costs or estimated costs*

<table>
<thead>
<tr>
<th><strong>INDIRECT COSTS</strong></th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL COSTS</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

| 1. How much production time did employees lose who were not injured in the accident? |
| 2. What is the overtime cost or replacement workers cost to recover lost production? |
| 3. Is there a cost to replace or repair damaged machinery or property? |
| 4. How many hours were spent investigating the accident/incident? |
| 5. Were there any regulatory fines levied as a result of the accident/incident? |
| 6. What are the costs due to lost production or lost sales? |
| 7. What is the value of damaged or spoiled product? |
| 8. Are there retraining costs or training costs to new workers? |
| 9. If so, what are the trainer’s costs? |

**What are the medical costs as a result of the accident/incident?**
EXAMPLE OF INCIDENT COSTS

COST ANALYSIS

National statistics have proven for years that the **direct costs** associated with personal injury are dramatically outweighed by the **indirect costs**. MEMIC’s numbers hold true to this fact. As Maine’s largest workers’ compensation carrier, our volume of accident data is statistically in line with the national norms relating to accident causation and the resulting costs.

The following financial analysis summarizes **XYZ Company** according to these trends.

\[
\text{Direct Costs} + \text{Indirect Costs} = \text{Total Costs}
\]

\[
\underline{\text{________}} + \underline{\text{________}} = \underline{\text{________}}
\]

**Sales required to pay for accident costs:**

\[
\frac{\text{Total Costs}}{\text{Profit Margin}} = \text{Required Sales}
\]

<table>
<thead>
<tr>
<th>REQUIRED SALES</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
<th>__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPANY PROFIT MARGIN</td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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EXAMPLE OF INCIDENT COSTS

COST ANALYSIS

National statistics have proven for years that the direct costs associated with personal injury are dramatically outweighed by the indirect costs. MEMIC’s numbers hold true to this fact. As Maine’s largest workers’ compensation carrier, our volume of accident data is statistically in line with the national norms relating to accident causation and the resulting costs.

The following financial analysis summarizes XYZ Company according to these trends.

Direct Costs + Indirect Costs = Total Costs

$250 + $1250 = $1500

Sales required to pay for accident costs:

<table>
<thead>
<tr>
<th>Total Costs</th>
<th>Required Sales</th>
</tr>
</thead>
<tbody>
<tr>
<td>$75,000</td>
<td>$75,000</td>
</tr>
<tr>
<td>$37,500</td>
<td>$37,500</td>
</tr>
<tr>
<td>$25,000</td>
<td>$25,000</td>
</tr>
<tr>
<td>$18,750</td>
<td>$18,750</td>
</tr>
<tr>
<td>$15,000</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

Profit Margin

<table>
<thead>
<tr>
<th>COMPANY PROFIT MARGIN</th>
<th>2%</th>
<th>4%</th>
<th>6%</th>
<th>8%</th>
<th>10%</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUIRED SALES</td>
<td>$75,000</td>
<td>$37,500</td>
<td>$25,000</td>
<td>$18,750</td>
<td>$15,000</td>
</tr>
</tbody>
</table>
National statistics have proven for years that the **direct costs** associated with personal injury are dramatically outweighed by the **indirect costs**. MEMIC’s numbers hold true to this fact. As Maine’s largest workers’ compensation carrier, our volume of accident data is statistically in line with the national norms relating to accident causation and the resulting costs.

The following financial analysis summarizes **XYZ Company** according to these trends.

**Direct Costs + Indirect Costs = Total Costs**

$\$5,000 \ + \ \$25,000 \ = \ \$30,000$

**Sales required to pay for accident costs:**

$$\frac{\text{Total Costs}}{\text{Profit Margin}} = \text{Required Sales}$$

<table>
<thead>
<tr>
<th><strong>REQUIRED SALES</strong></th>
<th>$1,500,000</th>
<th>$750,000</th>
<th>$500,000</th>
<th>$375,000</th>
<th>$300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPANY PROFIT MARGIN</strong></td>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>8%</td>
<td>10%</td>
</tr>
</tbody>
</table>

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VALUE-ADDED PROCESSES

Value-added is any task performed that a customer is willing to pay for. Otherwise it is a loss, as well as a possible source of accidents.

HIERARCHY OF CONTROLS

Value added:
1. Eliminate
2. Engineer

Non-value added:
3. Administrative
4. Personal protective equipment
5. Training

Notes:
### SINGLE CAUSATION MODEL

<table>
<thead>
<tr>
<th><strong>Unsafe Acts</strong></th>
<th><strong>Unsafe Conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating without authority</td>
<td>Lack of guards</td>
</tr>
<tr>
<td>Not wearing PPE</td>
<td>Defective tools</td>
</tr>
<tr>
<td>Bypassing guards</td>
<td>Congested work space</td>
</tr>
<tr>
<td>Using equipment improperly</td>
<td>Noise</td>
</tr>
<tr>
<td>Horseplay</td>
<td>No PPE provided</td>
</tr>
<tr>
<td>Improper lifting</td>
<td>Poor housekeeping</td>
</tr>
<tr>
<td>Using defective equipment</td>
<td>Uncontrolled ergonomic hazards</td>
</tr>
</tbody>
</table>

**Notes:**

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
**MULTIPLE CAUSATION MODEL**

- **Pre-Contact**
  - Lack of Control
  - Basic Causes
  - Immediate Causes

- **Contact**
  - Incident

- **Post-Contact**
  - Loss

- **Management**
  - Origin(s)
  - Symptoms
  - Contact
  - People - Property
Management and supervisors have four primary functions:

1. Plan

2. Lead

3. Organize

4. Control
MANAGEMENT FUNCTION

OPERATIONS
Operations are every part of the process that ensures the product or service is efficiently produced or provided.

OPERATIONS CONTROL
Operations control is ensuring that the product or service is produced or provided without waste, defects, or injuries.

PROCESS CONTROL = ACCIDENT CONTROL
An accident is an indication that something within the process is not being controlled.
 GENERIC OPERATION
What We Produce

INPUT

Equipment
Material
People

STANDARD OPERATING PROCEDURES

RESULTS

Injuries
Service or product
Poor service, poor product, defects, waste, customer dissatisfaction
CONTROL THE INPUT

Equipment:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Material:

__________________________________________________________

__________________________________________________________

__________________________________________________________

People:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Standard Operating Procedures:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Work Environment:

__________________________________________________________

__________________________________________________________

__________________________________________________________
INVESTIGATION PROCESS

- Control the accident scene. Secure the site and ensure that medical services have been provided and that all hazards are being abated.

- Check the site and circumstances of the incident thoroughly before anything has been changed or removed.

- Discuss the incident with the involved employee after he or she has been treated. Talk with those who saw the accident and others familiar with the conditions immediately before and after the incident occurred.

- Determine the cause of the incident. The smallest detail may point to the real cause. Ask “why” repeatedly.

- Reconstruct the events which resulted in the accident. Consider all possible causes. Look for the unsafe act as well as the unsafe conditions which separately or in combination were contributing factors.

**NOTES:**

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METHOD OF INVESTIGATION

- Gather the facts
- Identify the problems (root causes)
- Develop solutions (action plan)
- Evaluate the benefits (follow up)

Notes:
METHOD OF INVESTIGATION

Employee: ___________________________ Date: ___________________________
Location: ___________________________ Department: ___________________________
Supervisor: ___________________________ Manager: ___________________________

SUMMARY:
Executive summary of parties involved. When and where it happened, and if personal injuries or property damage occurred.

FACTS:
Chronological facts in bullet form are best in this section. Give the reader factual contributing factors without drawing conclusions.

Medical Treatment
•
•

People
•
•

Training
•
•

Material
•
•

Equipment & Machinery
•
•

Process
•
•

Environment
•
•

CONCLUSIONS:
Draw your conclusions here. Be specific, cite the incident’s root cause(s), and use your facts.

RECOMMENDATIONS:
What are the recommendations made by you and the responsible party? Create an Action and Service Plan to address the recommendations and ensure that the persons responsible for each corrective action understand that corrective action on their part is required to conclude the investigation. (This section may be filled in at a later date after a draft report is prepared and discussed).
IDENTIFY THE ROOT CAUSE(S)

• List the facts in chronological order:
  ▶ Equipment
  ▶ Material
  ▶ People
  ▶ Standard operating procedures
  ▶ Environmental conditions

• Brainstorm the facts with others to draw conclusions.

• Typically there are two or more root causes.

Notes:
DEVELOP AN ACTION PLAN

- Develop a plan to correct the hazardous or unsafe conditions identified.

- Assign persons responsible for each action.

- Establish due dates.

- Get management commitment for the corrective action plan.

- Document each action above.

NOTES:

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________________________________________________________________________
# SAMPLE ACCIDENT INVESTIGATION ACTION PLAN

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>PERSON RESPONSIBLE</th>
<th>TARGET DATE</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Goal:**

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**Company:** ____________________________

**Policy Number:** ______________________

**Date:** ________________________________

---

**Supervisor’s Signature**

**Manager’s Signature**
EVALUATE THE BENEFITS

- Once corrective action has been taken, it is essential to follow up and ensure that the corrective action is:
  - Improving the operations.
  - Not creating other non-value-added processes.
  - Effectively eliminating the root causes of the accident.

- Failure to follow up will result in recurrence of events that led to the accident.

NOTES:
THE REPORT

- **Heading Data:** Who, what, when, where of the accident.

- **Executive Summary:** Begin with a brief summary of the facts. Basically, what happened, when, and where:

- **List Facts** in chronological order in the report. Use the headings as prompts.

- **Conclusions** (root causes) must be drawn from the facts. Do not speculate.

- **Recommendations:** List recommended action included in the action plan.

NOTES:

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________________________________________________________________________
**SAMPLE REPORT FORMAT**

Employee: ___________________________ Date: ___________________________

Location: ___________________________ Department: ___________________________

Supervisor: ___________________________ Manager: ___________________________

**SUMMARY:**
Executive summary of parties involved. When and where it happened, and if personal injuries or property damage occurred.

**FACTS:**
Chronological facts in bullet form are best in this section. Give the reader factual contributing factors without drawing conclusions.

<table>
<thead>
<tr>
<th>Medical Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment &amp; Machinery</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>•</td>
</tr>
<tr>
<td>•</td>
</tr>
</tbody>
</table>

**CONCLUSIONS:**
Draw your conclusions here. Be specific, cite the incident’s root cause(s), and use your facts.

**RECOMMENDATIONS:**
What are the recommendations made by you and the responsible party? Create an Action and Service Plan to address the recommendations and ensure that the persons responsible for each corrective action understand that corrective action on their part is required to conclude the investigation. (This section may be filled in at a later date after a draft report is prepared and discussed).

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THE FISHBONE (CAUSE AND EFFECT) DIAGRAM

- Joe was lifting the finished product.
- Joe was operating a pallet jack.
- Joe had not received training.
- The floor was wet.
- The pallet jack “wasn’t working right.”
- The time of the accident was 3 A.M.
- The stack of product fell 5 feet.

NOTES:

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NOTES:

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SUPERVISOR’S REPORT OF INJURY

Insert Company Name

Date: ____________________________
By: ____________________________

Name of Employee: ____________________________  Job Title: ____________________________

Time and date of injury: ____________________________

Date reported: ____________________________  To whom: ____________________________

Where did injury occur? ____________________________

How was employee injured? ____________________________

Nature of injury (be specific): ____________________________

Recommended safeguards to prevent similar occurrences: ____________________________

Corrective actions taken to prevent recurrence of this type of accident: ____________________________

TREATMENT ACTION TAKEN (check all that apply):

○ Recorded Only
○ Doctor’s Care
○ First Aid
○ Lost Time
○ Hospital Care

Name of Doctor: ____________________________  Name of Hospital: ____________________________

Signature of Supervisor

NOTE: Supervisors must advise employees that a doctor’s note is needed if the employee is going to be out of work. Also, a note is needed upon the employee’s return to work. These notes should state the reason for being out of work and the time frame. Doctor’s notes and Supervisor’s Report of Injury should be turned in to the Human Resources Department.
# SUPERVISORY ACCIDENT INVESTIGATION REPORT

## 1. Employee 
## 2. Date of Birth
## 3. Date of Report

## 4. Street Address

## 5. Job Title
## 6. Location of Accident

## 7. Time of Accident
## 8. Date of Accident
## 9. Day of Week

## 10. Sex
- Male
- Female

## 11. Injury Requiring:
- First Aid
- Outpatient
- Hospitalization

An accident is a mishap or unintended event generally caused by an unsafe act or unsafe condition or a combination of the two.

Each accident, regardless of whether it results in an injury, physical damage, or near miss, should be investigated to seek the cause and to take proper corrective action to prevent recurrence.

The accident should be investigated by the injured employee’s general foreman. It should be conducted on the day that the accident occurred. Your purpose is to gain facts and accurate accounting from the injured party and witnesses. Your purpose is not to place blame.

This report cannot be considered completed until the supervisor has indicated what corrective action has been taken or will be taken to prevent a recurrence.

Complete this report in its entirety. If not, the report will be sent back to the originator for completion.

## 12. Investigative Supervisor
## 13. General Superintendent

### CHECK THE FOLLOWING QUESTIONS THAT APPLY, TO COMPLETE YOUR INVESTIGATION:

#### WAS THE EMPLOYEE:
- Placed on the right job?
- Properly trained for the job?
- Experienced in the job?
- Tired, using medication, drinking, or taking drugs?
- Under emotional stress, worried, or having distracting personal problems?
- Operating equipment/tools at unsafe speeds?
- Taking an unsafe position?
- Distracted through horseplay, practical joking, quarreling, fighting, startling act of another employee?

#### WAS THE MACHINE:
- Working properly?
- Adjusted correctly?
- Was it the right tool or machine for the job?
- Was it properly guarded, with guards adjusted and working correctly?
- Was the stock or material correct and positioned correctly?
- Was the tool in proper condition?

#### WAS THE AREA:
- Well lighted?
- Too hot or too cold?
- Crowded or congested?
- Noisy, or were vapors, smoke, etc. present to be distracting?
- Did the noise, smoke, vapors, etc. present a health hazard?
- Was the floor surface in good condition and clean?

#### DID THE EMPLOYEE HAVE:
- The skills to do the job?
- The physical and mental ability to do the job?

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### 17. Accident Type:
- ☐ Absorption (skin contact)
- ☐ Assault
- ☐ Caught in/on/between
- ☐ Contact with electricity
- ☐ Explosion
- ☐ Exposure to radiation
- ☐ Exposure to temperature extremes (burns, scalding, freezing, heat exhaustion, sunstroke)
- ☐ Ingestion (swallowing)
- ☐ Inhalation (breathing)
- ☐ Overexertion (lifting)
- ☐ Overexertion (reaching, pushing, pulling, bending)
- ☐ Repeated trauma (noise, vibration)
- ☐ Repetitive motion
- ☐ Slip, trip, fall – different level
- ☐ Slip, trip, and/or fall – same level
- ☐ Struck against
- ☐ Struck by falling, sliding, or moving object(s)
- ☐ Struck by flying objects
- ☐ Welding flash

### 18. Nature of Injury:
- ☐ Amputation (all injuries other than spinal cord)
- ☐ Angina pectoris (chest pain)
- ☐ Burn
- ☐ Concussion (head injury)
- ☐ Contusion (bruise)
- ☐ Crushing
- ☐ Dislocation
- ☐ Electric shock
- ☐ Enucleation (removal of the eyeball)
- ☐ Foreign body
- ☐ Fracture
- ☐ Freezing
- ☐ Hearing loss – traumatic only
- ☐ Heat prostration
- ☐ Hernia
- ☐ Infection
- ☐ Laceration
- ☐ Myocardial infarction (heart attack)
- ☐ Puncture
- ☐ Rupture
- ☐ Severance (for spinal cord only)
- ☐ Sprain
- ☐ Strain
- ☐ Vascular
- ☐ Vision loss
- ☐ Suffocation
- ☐ Asphyxia
- ☐ Headache
- ☐ Nausea
- ☐ Dust disease (other than those listed)
- ☐ Asbestosis
- ☐ Black lung
- ☐ Byssinosis
- ☐ Silicosis
- ☐ Respiratory disorders (gases, fumes, chemicals, etc.)
- ☐ Poisoning (chemical)
- ☐ Poisoning (metal)
- ☐ Dermatitis
- ☐ Mental disorder
- ☐ Radiation
- ☐ All other occupational diseases
- ☐ Loss of hearing (other than traumatic)
- ☐ Contagious disease
- ☐ Cancer
- ☐ All other cumulative injuries

### 19. Part of the Body
- ☐ Multiple Head Injury
- ☐ Skull
- ☐ Brain
- ☐ Ear(s)
- ☐ Eye(s)
- ☐ Nose
- ☐ Teeth
- ☐ Mouth
- ☐ Other Facial Soft Tissue
- ☐ Facial Bones
- ☐ Multiple Neck Injury
- ☐ Vertebræ
- ☐ Disc
- ☐ Spinal Cord
- ☐ Larynx
- ☐ Soft Tissue – Neck Area
- ☐ Trachea
- ☐ Multiple Upper Extremities
- ☐ Upper Arm (including clavicle & scapula)
- ☐ Elbow
- ☐ Lower Arm
- ☐ Wrist
- ☐ Hand
- ☐ Finger(s)
- ☐ Thumb
- ☐ Multiple Trunk
- ☐ Upper Back Area (thoracic area)
- ☐ Low Back Areas (including lumbar and lumbosacral)
- ☐ Disc
- ☐ Chest (including ribs, sternum, soft tissue)
- ☐ Sacrum & Coccyx
- ☐ Pelvis
- ☐ Spinal Cord
- ☐ Internal Organs
- ☐ Heart
- ☐ Multiple Lower Extremities
- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Lower Leg
- ☐ Ankle
- ☐ Foot
- ☐ Toe(s)
- ☐ Multiple Body Parts

### 20. Employee's Job or Activity at Time of Accident:

### 21. Accident Type:

### 22. Nature of Injury:

### 23. Part of Body:

Provide a description of the accident. Also the name(s) of the object, substance, or exposure which directly brought about the injury. Please include the names of all witnesses:

**Names of Witnesses:**

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SUPERVISOR’S ACCIDENT INVESTIGATION REPORT

Insert Company Name

(This form does not replace the regular report sent to the Insurance Company or any form required by law.)

Name of Employee: ________________ Date of accident: ________________

Type of work employee was doing: ________________________________

How long employed? ________________ Date accident reported: ________________

Department name: _________________________ Immediate supervisor: ________________

CAUSE of the injury (what happened; machinery, materials, etc. involved; all pertinent details):

_________________________________________________________________________

_________________________________________________________________________

Nature of the injury: ________________________________

First aid given? ________________ By whom? _________________________

Other treatment (describe): ________________________________

What can be done to prevent similar accidents? ________________________________

What action, and by whom, has been taken? ________________________________

Other comments: ________________________________

Signature of Supervisor: _________________________ Date: ________________

Review by Safety Committee and/or Appropriate Manager

Recommendations: ________________________________

Final disposition: ________________________________

Signature: _________________________ Date: ________________

(Use the other side if more space is needed to answer any of the above questions.)
SUPERVISOR’S REPORT

Name of Employee:  

Date of the Injury:  Time:  am/pm  Date Reported:  

Please describe clearly how the accident/injury occurred:  

Were there witnesses?  Yes  No  (Note: If yes, attach witness statements)  

Please list the name of any witnesses:  

Was medical attention needed?  Yes  No  

If yes, where did the employee receive treatment and what type of treatment did he/she receive?  

What time did the employee’s shift start?  a.m.  p.m.  

Did the employee leave work early after the injury?  Yes  No  

At what time did the employee leave?  a.m.  p.m.  

Will the employee lose time from work as a result of the injury?  Yes  No  

What acts, failures to act, and/or unsafe conditions contributed most directly to this accident/injury (immediate cause)?  

What actions do you recommend should be taken to prevent recurrence of a similar accident/injury?
SUPERVISOR’S REPORT

Additional comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

______________________________  ________________________________
Supervisor’s Signature        Date:

______________________________  ________________________________
Time:
ACCIDENT INVESTIGATION QUESTIONNAIRE

Company Name: _____________________________ Date: _______________________

Please provide completed and detailed information:

1. What was the employee doing?

___________________________________________________________________________

2. How was the employee injured?

___________________________________________________________________________

3. Was there an unsafe act? If so, describe:

___________________________________________________________________________

4. What reason did employee give for acting unsafely?

___________________________________________________________________________

5. What unsafe condition existed or what wrong method was in operation?

___________________________________________________________________________

6. Was the employee using the safeguards and protective equipment provided for the job?

___________________________________________________________________________

7. Was there a witness? If so, please list name(s).

___________________________________________________________________________

8. Statement from witness:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

9. Are further safeguards needed to prevent repetition of injury? If so, please list:

___________________________________________________________________________

___________________________________________________________________________
**ACCIDENT INVESTIGATION FORM**

*Sample to Develop Your Own*

### EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>SS#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>State &amp; Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone #:</td>
<td>DOB:</td>
</tr>
</tbody>
</table>

### GENERAL ACCIDENT INVESTIGATION

| Name of individual completing the report: |
| Date of accident: | Time of accident: | Date of report: |
| Type of accident: | □ Lost time | □ Medical only | □ First aid | □ Near miss |
| Date of notification: |
| Describe location where accident occurred: |
| Supervisor’s Name: | Manager’s Name: |
| When was supervisor notified?: □ Immediately □ Later | Explain: |

Describe work being performed during accident:

How long has employee been performing these duties?

Was work within normal job duties?

### ACCIDENT INVESTIGATION

(DESCRIBE THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE)

| Contributing factors: | □ Human error | □ Unsafe conditions | □ Weather | □ Equipment | □ Other |
| Explain: |

Type of equipment, tool, vehicle, etc. involved:

Was the right tool or equipment being used for the job?

List any outside agencies that may be involved in this investigation (police, insurance, customer, subcontractor, etc.):
# ACCIDENT INVESTIGATION FORM

*Sample to Develop Your Own*

## ACCIDENT INVESTIGATION

*(DESCRIBE THE ACCIDENT IN AS MUCH DETAIL AS POSSIBLE)*

<table>
<thead>
<tr>
<th>Part of body:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees involved:</td>
</tr>
<tr>
<td>Activity being performed:</td>
</tr>
</tbody>
</table>

---

**Individual completing report:**

**Date:**

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MEMIC © • Page 33
## ACCIDENT INVESTIGATION FORM

*Sample to Develop Your Own*

### PREVENTION

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety device available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In use correctly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe the safety appliance:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a job safety analysis or work activity plan performed for the job?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain and attach a copy (if Yes):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What has supervision initiated to prevent this accident from recurring?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this accident been discussed with employees and corrective action communicated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Special comment area for corrective action taken to prevent recurrence of accident:

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
<table>
<thead>
<tr>
<th>EMPLOYEE STATEMENT OF ACCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name:</td>
</tr>
</tbody>
</table>

**Please describe the accident to the best of your ability:**

---

**Please identify the area in which you received an injury and any areas where you are feeling pain:**

---

**Do you have any suggestions to prevent this accident from recurring?**

- [ ] Yes
- [ ] No

**Do you feel any discomfort?**

- [ ] Yes
- [ ] No

**Please describe the type of discomfort you are feeling:**

---
ACCIDENT INVESTIGATION FORM
Sample to Develop Your Own

WITNESS(ES) STATEMENT OF ACCIDENT

WITNESS #1
Please describe your observation of the accident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any suggestions to help prevent future accidents such as this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness Signature: ___________________________ Date: ____________

WITNESS #2
Please describe your observation of the accident:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any suggestions to help prevent future accidents such as this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Witness Signature: ___________________________ Date: ____________
STATEMENT OF INJURED EMPLOYEE

Full Name of Injured Employee: ____________________________________________
Address: ___________________________ Home Phone #: ______________________
Sex: _______ Age: _______ □ Single □ Married Spouse’s First Name: ____________
Employer’s Name: _______________________________________________________
Occupation when injured: __________________________ Name of Supervisor: __________
Were you doing your regular work? _______ If not, what work? ________________
Work location where injury occurred: _______________________________________
Date of injury: ___________ Hour of Day: ___________ ☑ AM ☑ PM
Witness(es)’ Name(s): _____________________________________________________
Describe fully how injury happened: _______________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
Have you ever had an injury of this type before? _______ If yes, describe injury in detail: __________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
First doctor seen (name and address): _______________________________________
Name and address of current treating doctor: _________________________________
Are you still receiving treatment? _______ Date of next appointment: ____________
Are you enrolled in a physical therapy program?  ☑ Yes  ☑ No
If yes, list contact information for physical therapist: _________________________
Did you lose time from work?  ☑ Yes  ☑ No  If so, when did disability begin? ____________
If you have returned to work, what was the date? ______________________________
If you have not returned to work, when do you expect to return? ________________
To whom was the injury reported? ____________________________________________

On what date? ________________  At what time? ______________  ○ AM  ○ PM

WITNESS(ES) STATEMENT:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_________________________________________  _____________________________
Employee Signature                      Date

Please Note:
This is requested even though you may have reported the matter to your supervisor.
EMPLOYEE INCIDENT REPORT

Name of Employee: ________________________________

Date of the Injury: ________ Time: ______ am/pm Date Reported: ________

Where did the injury occur (be specific):

________________________________________________________________________

Please describe clearly how the accident/injury occurred:

________________________________________________________________________

Please indicate the bodily part injured and the symptoms you are experiencing:

________________________________________________________________________

Who is your immediate supervisor? ________________________________

To whom did you give notice of this injury/accident? ________________________________

Were there witnesses? ☐ Yes ☐ No

Please list the name of any witnesses:

________________________________________________________________________

________________________________________________________________________

Did you seek medical attention? ☐ Yes ☐ No (If yes, please completed the section below)

• Where did you receive treatment? ________________________________

• What type of treatment did you receive? ________________________________

• Who was the treating physician? ________________________________

Additional Comments:  __________________________________________

________________________________________________________________________

________________________________________________________________________

_________________________________________  ____________________________
Employee Signature  Date

Please return this form to the Human Resources Department within 24 hours.
ACCIDENT INVESTIGATION WITNESS STATEMENT

_____________________________ has indicated that you have witnessed an injury on  
(employee name)

_____________________________ at ________________________________ .
(date) (time and location)

Please explain in detail what you witnessed:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Did the employee say anything to you about this accident/injury? If so, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_________________________________________                     ________________
Date                                         Time

_________________________________________
Signature

Please return this form to the Human Resources Department with 24 hours.

CONFIDENTIAL
DEVELOPING AN INVESTIGATION PROGRAM

- **Formal policy and procedure**
  - Accident reporting
  - Accident investigation

- **Assigned roles and responsibilities for investigating an accident**
  - Management
  - Supervisory
  - Employee

NOTES:
The written policy signed by the company president.

Include provisions for accident reporting.

Assign specific responsibilities for investigating accidents (manager, supervisor, team leader, etc.).

Identify when to investigate.

Provide a method for management to review investigations and a method for follow-up on action plans.

Provide for accident investigation training.

A formal policy signed by the company president will serve to validate the need for all accident investigations.

To increase the importance of conducting meaningful and effective investigations, the company president should make a commitment to review and sign off on all investigation reports.

NOTES:
ROLES IN ACCIDENT INVESTIGATIONS

- **Managers:** Should be actively involved in the investigation. At a minimum, the manager must ensure that an effective investigation is conducted and hold the supervisor who is performing it accountable.

- **Supervisors:** This is the primary level where accident investigations should occur. Supervisors know the people, know the equipment, and know the process.

- **Employees:** Must be aware they are to report all accidents and incidents to their supervisor.

**NOTES:**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
# SAMPLE ACCIDENT INVESTIGATION ACTION PLAN

**Company:** XYZ Company  
**Policy Number:**  
**Date:** January 1, XXXX

**Goal:** XYZ Company will develop a written accident investigation program by January 1.

<table>
<thead>
<tr>
<th>ACTION STEPS</th>
<th>PERSON RESPONSIBLE</th>
<th>TARGET DATE</th>
<th>FOLLOW-UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>A written policy specifying the requirements for investigating accidents will be drafted and signed by the company president. The policy will include the following elements:</td>
<td>Company President</td>
<td>January 1, XXXX</td>
<td></td>
</tr>
<tr>
<td>1. Clearly define the roles and responsibilities of executives, managers, and supervisors for investigating accidents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Provide guidance on when to investigate accidents.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Provide provisions requiring a review of all accident investigations by department managers and executives.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Provide direction on how managers and executives will follow up on accident investigation corrective action plans.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Provide for the training of all persons who may be asked to conduct a workplace accident investigation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>