Accident (Near Miss) Investigation Report

**Instructions**: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

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| This is a report of a: Death Lost Time  | Dr. Visit Only | * First Aid Only Near Miss
 |
| Date of incident: | This report is made by: | * Employee
 | * Supervisor
 | * Team
 | * Final Report
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| **Step 1: Injured employee (complete this part for each injured employee)** |
| Name: | Sex: Male Female | Age: |
| Department: | Job title at time of incident: |
| Part of body affected: (shade all that apply) | Nature of injury: (most serious one)* Abrasion, scrapes
* Amputation
* Broken bone
* Bruise
* Burn (heat)
* Burn (chemical)
* Concussion (to the head)
* Crushing Injury
* Cut, laceration, puncture
* Hernia
* Illness
* Sprain, strain
* Damage to a body system:
* Other
 | This employee works:* Regular full time
* Regular part time
* Seasonal
* Temporary
 |
| Months with this employer |
| Months doing this job: |
| (e.g.: nervous, respiratory, or circulatory systems) |

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| **Step 2: Describe the incident** |
| Exact location of the incident: | Exact time: |
| What part of employee’s workday? Entering or leaving work Doing normal work activities* During meal period During break Working overtime Other
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| Names of witnesses (if any): |

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| Number of attachments: | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)? |
| Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.Description continued on attached sheets:  |

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| **Step 3: Why did the incident happen?** |
| Unsafe workplace conditions: (Check all that apply)* Inadequate guard
* Unguarded hazard
* Safety device is defective
* Tool or equipment defective
* Workstation layout is hazardous
* Unsafe lighting
* Unsafe ventilation
* Lack of needed personal protective equipment
* Lack of appropriate equipment / tools
* Unsafe clothing
* No training or insufficient training
* Other:
 | Unsafe acts by people: (Check all that apply)* Operating without permission
* Operating at unsafe speed
* Servicing equipment that has power to it
* Making a safety device inoperative
* Using defective equipment
* Using equipment in an unapproved way
* Unsafe lifting by hand
* Taking an unsafe position or posture
* Distraction, teasing, horseplay
* Failure to wear personal protective equipment
* Failure to use the available equipment / tools
* Other:
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| Why did the unsafe conditions exist? |
| Why did the unsafe acts occur? |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? Yes NoIf yes, describe: |
| Were the unsafe acts or conditions reported prior to the incident? Yes No |
| Have there been similar incidents or near misses prior to this one? Yes No |

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| **Step 4: How can future incidents be prevented?** |
| **What changes do you suggest to prevent this injury/near miss from happening again?*** Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)
* Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy
* Routinely inspect for the hazard Personal Protective Equipment Other:
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| What should be (or has been) done to carry out the suggestion(s) checked above?Description continued on attached sheets:  |

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| **Step 5: Who completed and reviewed this form? (Please Print)** |
| Written by:Department: | Title: Date: |
| Names of investigation team members: |
| Reviewed by: | Title:Date: |