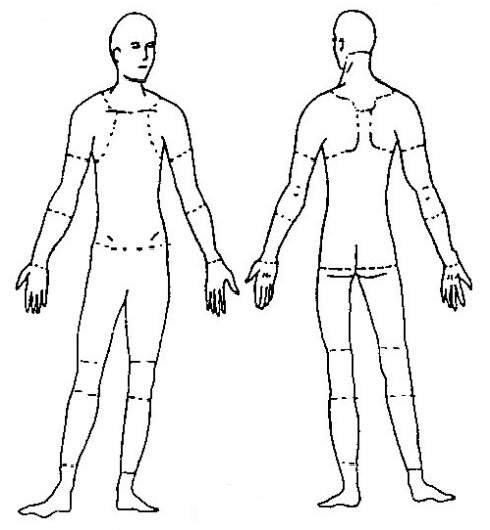
Accident (Near Miss) Investigation Report

**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 | |
| 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: |
| 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 No  If 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: |
| 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: |