

The following instructions are for the Accident/Incident Investigation Report, and should assist you in filling out the report itself. If you have any questions, please contact the Pro Group Safety Division at (800) 859-3177.

Accident/Incident Investigation Report Information

- **Time & Date of Investigation**

- **Start:** This is the actual time the investigation began, not the time of the report.
- **Completion:** Time and date last signature is placed on last page.

- **Place Incident Occurred:** Actual location, be specific. Not just 2nd floor but 2nd floor 4 foot south of third table saw.
- **Employee Involved:** Full legal name
- **Equipment or Process Involved:** Full and complete description of any and all equipment or processes affected or affecting this incident.
- **Work Area and Task Being Performed:** Be specific. "Driving nail", "setting ladder", "changing blades on table saw", etc.

Type of Accident or Incident: This may require more than one check off, please mark all that apply.

Agency of Accident/Incident: This is a physical object, mark all that apply.

Unsafe Conditions: The physical characteristics of the accident scene that contributed to the incident. These conditions need to be corrected **immediately**.

Unsafe Acts: These are behaviors that contributed to the incident, by either the party who was injured or another party who contributed to the cause of the incident.

Other Factors That Contributed to Unsafe Act: mark all that apply

Describe All Corrective Actions Taken:

- **Immediate action taken;** This is the prompt action taken to prevent a reoccurrence of the incident. This action is taken by the supervisor on duty at the scene. These are extremely important as that they not only reduce the hazard potential, but have a pronounced effect on employee morale. These are prime evidence of a **conscientious supervisor**.
- **Temporary action taken;** This is the action taken while waiting for the permanent actions to be implemented. Some type of temporary action can be taken for every unsafe act or condition. These actions usually will require upper management involvement.
- **Permanent action taken;** These are the actions taken to correct incident causes on a lasting basis. They usually require more time to implement and accomplish but offer durable solutions. These usually require the action of upper management, but supervisors must be sure to follow-up on these measures to ensure they are completed. Do not give weak, generalized prevention measures such as "told him to watch what he was doing in the future." This destroys the effectiveness of the best written report. State the specific, constructive measures taken for prevention, such as; "given written/verbal warning on 2/10/07 for removal of safety guard from machine," or "given proper job instruction in safe use of welding, cutting and brazing equipment on 1/21/07."

Personal Injuries

- **Part of body affected:** Using doctors report and all available information from injured employee and witnesses, mark all areas that apply.
- **Specific nature of injury:** Same as above.
- **Consequences:** fill out this area completely. If unsure of estimated times and dollars contact general manager for assistance.

Description of Incident or Accident: The supervisor may need to assist the employee directly involved and witnesses to insure that this section is completed in a comprehensive fashion. Employees tend to want to blame others in this section, direct them away from placing blame. These reports may be dissimilar, what we see or hear may be based on past experiences, whatever they believed happened is what should be written. Statements of these parties should not be seen by the other parties until after the report is finished.

Statement of Supervisor: Based on the investigation the supervisor will need to provide a written report of their findings. This should be a step-by-step account of all events leading up to and contributing to the incident. Use sketches if they will help make the explanation more understandable. Make it complete, but as short and to the point as you can. Include the extent of any injuries and or property damage.

- **Probable Recurrence Rate:** This allows you, the supervisor, to predict the frequency that this incident can be expected to occur. This is only an estimate, but be careful to analyze the incident with an eye to the possibilities.
- **Loss Severity Potential:** This allows the supervisor to rate how serious an incident could have been. Using this section we can relay to upper management how profound the incident could have been, thus the real magnitude of the incident can be shown and special priority attention for corrective measures better assured.
 - The category of "**major**" would be a loss time accident, multiple injuries, shut down of production, major equipment damage, a threat to the community, etc...
 - The category of "**Serious**" would include medical attention, slow down of production, limited equipment damage, etc...
 - The category of "**minor**" includes first aid attention or less, does not affect production, no equipment damage, etc...
- **Disciplinary Action**
 - **Written/verbal warning:** Is a verbal warning to an employee that is documented for their file. **Written warning:** is a signed, documented warning to an employee.
 - **Suspension:** Is the third step in the disciplinary actions but can be implemented at any time should the conditions warrant this severe of action.
 - **Termination:** Is the last level of disciplinary actions and must be taken with great care. All terminations need to be discussed at great length with the plant manager and personnel department.
- **Person with most control over incident:** This refers to the person who had the most control over the object, equipment, or substance that did the injuring or damaging (a cause of the incident). This may be "the pipe fitter, who had just installed the valve from which the gas was leaking," "the employee operating the portable grinder," or "the driver of the forklift." It is not always the person who was injured.
- **Corrective actions:** Include all actions discussed and why those taken were chosen over the others. Include the dates of execution and the dates of culmination. Please note: these findings and all corrective actions need to be discussed and reviewed with all affected employees, including contractor's employees who may be affected.
- **Signatures:** All signatures must be affixed to this document before it is considered completed.

ACCIDENT / INCIDENT INVESTIGATION REPORT

OSHA #300 Log#: _____ Time & Date Report Started: _____

Time & Date of Investigation Start: _____ Completion: _____

Place Incident Occurred: _____

Employee Involved: _____ Date Hired: _____

Address: _____ Date of Birth: _____ Sex: _____

Equipment or Process Involved: _____

Employee Regular Job Title and Work Area: _____ Shift: _____

Work Area and Task Being Performed: _____

Date of Incident: _____ Time: _____ Date Reported: _____ Time: _____

Home Phone: _____ SSN: _____

TYPE OF ACCIDENT OR INCIDENT (Check All That Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Struck Against | <input type="checkbox"/> Fall (From Different Level) | <input type="checkbox"/> Temperature Extreme (Burns, Frostbite, Heat Exhaustion, Heat Stroke, Etc.) |
| <input type="checkbox"/> Struck By (Moving Object) | <input type="checkbox"/> Fall (From Same Level) | <input type="checkbox"/> Overexertion (Results in Strain, Hernia, Muscle Tear, Etc.) |
| <input type="checkbox"/> Caught in / on / between | <input type="checkbox"/> Slip (Not a Fall) | <input type="checkbox"/> Splash or Sudden Release of Chemical (Personal or Property Damage) |
| <input type="checkbox"/> Hazardous Energy Release (Electrical, Hydraulic, Chemical, Radiation, Thermal Mechanical, Gravity, Pneumatic) | <input type="checkbox"/> Heart Attack/Stroke | <input type="checkbox"/> Vehicle vs. Vehicle |
| <input type="checkbox"/> Moving Vehicle | <input type="checkbox"/> Inhalation, Absorption, Ingestion, Injection Exposure | |
| <input type="checkbox"/> Vehicle vs. Pedestrian or Other Fixed Object | <input type="checkbox"/> Malfunction in Equipment or Machinery | |
| | <input type="checkbox"/> Other | |

Describe: _____

AGENCY OF ACCIDENT/INCIDENT

- | | | |
|---|--|---|
| <input type="checkbox"/> Machine | <input type="checkbox"/> Building (Roof, Door, Wall, Window, Etc.) | <input type="checkbox"/> Boiler Pressure Vessel _____ |
| <input type="checkbox"/> Forklift, Loader | <input type="checkbox"/> Power Tool | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Vehicle (Company/Personal) | <input type="checkbox"/> Stairs, Steps, Platforms | <input type="checkbox"/> Floor (Level Surface) |
| <input type="checkbox"/> Mobile Equipment | <input type="checkbox"/> Chemicals, Dusts | <input type="checkbox"/> Electrical Equipment |
| <input type="checkbox"/> Material Handling | <input type="checkbox"/> Ladders, Scaffolds | <input type="checkbox"/> Hoist or Crane |
| <input type="checkbox"/> Conveyor | <input type="checkbox"/> Hazardous Energy/Material | <input type="checkbox"/> Other |

Describe: _____

UNSAFE CONDITIONS (Check Any That Apply and Describe)

- | | | |
|--|---|---|
| <input type="checkbox"/> Defective Equipment | <input type="checkbox"/> Hazardous Method | <input type="checkbox"/> Proper Equipment Not Available |
| <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Floor/Surface Faulty (Icy, Wet Slippery, Etc.) | <input type="checkbox"/> Inadequate Guards |
| <input type="checkbox"/> None Indicated | <input type="checkbox"/> Weather Conditions | <input type="checkbox"/> Other / Presence of Dangerous Condition(s) |

Describe: _____

UNSAFE ACTS (Check All That Are Appropriate and Describe)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cleaning, Oiling, or Adjusting Moving Equipment | <input type="checkbox"/> Not Using Proper Equipment For Work Being Performed | <input type="checkbox"/> Failure to Wear Personal Protective Equipment |
| <input type="checkbox"/> Operating Without Authority | <input type="checkbox"/> Not Using Proper Safety Devices | <input type="checkbox"/> Unsafe Position or Use |
| <input type="checkbox"/> Unsafe Clothing or Jewelry | <input type="checkbox"/> Unsafe Speed for Conditions | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Failure to Lock, Block, or Tag Out | <input type="checkbox"/> Failure to Warn, Check or Clear Before Starting | <input type="checkbox"/> Inaction |
| <input type="checkbox"/> Driving Error | <input type="checkbox"/> Using Unsafe Equipment | <input type="checkbox"/> Improper Lifting, Carrying, or Handling of Equipment or Products |
| <input type="checkbox"/> Failure to Inspect Equipment | <input type="checkbox"/> Failure to Warn, Check or Clear | <input type="checkbox"/> No Unsafe Act Uncovered Before Starting |
| <input type="checkbox"/> Stopping or Shutting Down | <input type="checkbox"/> Engaged in Criminal Act | <input type="checkbox"/> Training Engaging in |
| <input type="checkbox"/> Safety Devices Circumvented | | <input type="checkbox"/> Other |

Describe: _____

OTHER FACTORS THAT CONTRIBUTED TO UNSAFE ACT

- | | | |
|--|---|--|
| <input type="checkbox"/> Lack of Knowledge or Skill | <input type="checkbox"/> Act of Other than Injured | <input type="checkbox"/> Failure to Report |
| <input type="checkbox"/> Failure to Follow Rules or Procedures | <input type="checkbox"/> Distracted by _____ | <input type="checkbox"/> Bodily Defects (Pre-existing Condition) |
| <input type="checkbox"/> Lack of Training | <input type="checkbox"/> No Other Factors Uncovered | <input type="checkbox"/> Other |

Describe: _____

DESCRIBE ALL CORRECTIVE ACTIONS TAKEN (Immediate, Temporary, and Permanent)

Immediate Action Taken:

Temporary Action Taken:

- ☐ Additional Protective Equipment Provided (Describe) ☐ Additional Training Provided For: ☐ Hazard or Job Eliminated By:

☐ Any Other Action Taken:

Permanent Action Taken:

- ☐ Additional Protective Equipment Provided (Describe) ☐ Additional Training Provided For: ☐ Hazard or Job Eliminated By:

☐ Any Other Action Taken:

PERSONAL INJURIES

Part of Body Affected: (Check All That Apply)

Head

- ☐ Multiple
- ☐ Skull
- ☐ Brain
- ☐ Ear(s)
- ☐ Eye(s)
- ☐ Nose
- ☐ Teeth
- ☐ Mouth

Right Upper Extremities

- ☐ Multiple
- ☐ Upper Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingernail(s)
- ☐ Finger / Thumb

Left Upper Extremities

- ☐ Multiple
- ☐ Upper Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingernail(s)
- ☐ Finger / Thumb

Trunk

- ☐ Multiple
- ☐ Upper Back
- ☐ Lower Back
- ☐ Disc
- ☐ Chest
- ☐ Spinal Cord
- ☐ Pelvis
- ☐ Sacrum & Coccyx (Tailbone)

Neck

- ☐ Multiple Neck
- ☐ Vertebrae
- ☐ Disc
- ☐ Spinal Cord
- ☐ Larynx
- ☐ Soft Tissue
- ☐ Trachea
- ☐ Toe(s)

Right Lower Extremities

- ☐ Multiple
- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Lower Leg
- ☐ Ankle
- ☐ Foot

Left Lower Extremities

- ☐ Multiple
- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Lower Leg
- ☐ Ankle
- ☐ Foot

Internal Organs

- ☐ Heart
- ☐ Lungs
- ☐ Scrotum

Multiple Body Parts

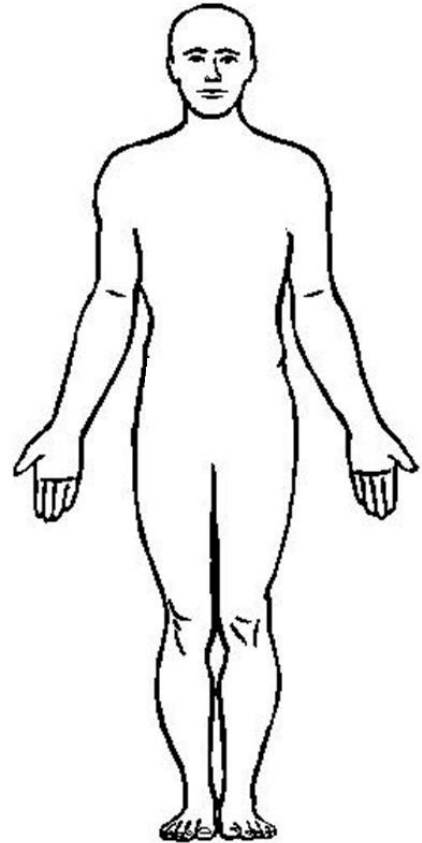
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specific Nature of Injury: (Check All That Apply)

- | | |
|--|--|
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Heat Prostration |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Inflammation |
| <input type="checkbox"/> Contusion (Bruise) | <input type="checkbox"/> Nerve Damage |
| <input type="checkbox"/> Crushing | <input type="checkbox"/> Laceration / Cut |
| <input type="checkbox"/> Death | <input type="checkbox"/> Heart Attack |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Electric Shock | <input type="checkbox"/> Severance |
| <input type="checkbox"/> Enucleation (Removal) | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Foreign Body | <input type="checkbox"/> Strain |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Vascular (Blood Vessel) |
| <input type="checkbox"/> Freezing | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other |
| <input type="checkbox"/> Puncture _____ | |
| <input type="checkbox"/> Rupture _____ | |

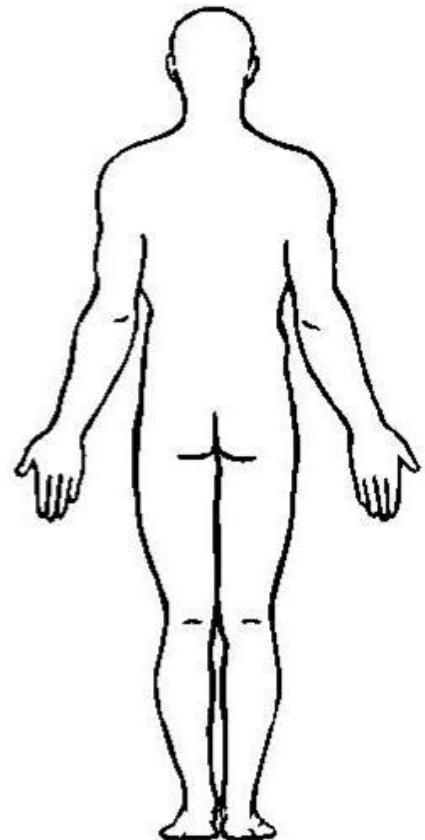


Please indicate the affected body part on the diagram

No other body parts are affected

Signature _____

Date _____



Consequences:

1. Did the employee complete their shift on the day of the injury? ☐ Yes ☐ No
2. Did the employee miss any days of work after the date of injury, due to the injury? ☐ Yes ☐ No
3. Has the employee returned to work? ☐ Yes ☐ No If so, on what date? _____
And what are restrictions? _____
4. Has the employee returned to restricted duty? ☐ Yes ☐ No If so, on what date? _____
5. What was the Treating Physician's name? _____
6. When was the Supervisor notified of the Incident / Accident? _____

Estimate the time (hours) work has suspended (use hours and tenths of hours, Example: 15 Minutes = .25 Hours) as a result of this Incident/Accident. Multiply this by the number of employees who stopped working (to assist at the scene, transport to medical attention, cover other duties, etc.) (Example: 5 Employees X .25 Hours = 1.25 Hours Total Work Suspension) _____ Total Employee Hours of Work Lost Estimate Dollar (\$) Value of Any Property Lost or Damaged: \$ _____

Describe Damaged or Lost Property:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Employee Directly Involved

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Employee Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Employee Directly Involved

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Employee Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Employee Directly Involved

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

[illegible]

Print Employee Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Employee Directly Involved

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

[illegible]

Print Employee Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Witness

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Witness Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Supervisor

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement: Provide a complete and detailed description of all that occurred, equipment involved, and employees involved. Include the extent of any injuries and or property damage. Use additional page if necessary.

This image shows a full page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Supervisor Name: _____

Signature: _____ **Date:** _____

DESCRIPTION OF ACCIDENT/INCIDENT

Statement of Supervisor

Don't place blame, just describe what happened. List all equipment, tools and machinery involved.

Statement: Provide a complete and detailed description of all that occurred, equipment involved, and employees involved. Include the extent of any injuries and or property damage. Use additional page if necessary.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Print Supervisor Name: _____

Signature: _____ **Date:** _____

Statement of Investigating Safety Specialist

Statement: Provide a complete and detailed description of all that occurred, equipment involved, and employees involved. Include the extent of any injuries and or property damage. Use additional page if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ **Date:** _____

Statement of Investigating Safety Specialist

Statement: Provide a complete and detailed description of all that occurred, equipment involved, and employees involved. Include the extent of any injuries and or property damage. Use additional page if necessary.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: _____ **Date:** _____

Catastrophic Injury and/or Fatality Report for OSHA

Initial Contact time:			
Who Contacted me:			
Time:	Initial Contact:	Secondary Contact:	
Date/Time Member Contacted:	Name:	Time/Date:	
Company:			
Company Address:			
Company Contact:			
Location of Accident:		Time of Accident:	
Company Contact for further information:			
Injured Employee Name:			
Employee Home Address:			
Employee Spouse: Age & DOB:			
Employee Child(ren): Age(s) & DOB:			
Employee Date of Birth:			
Employee Social Security #:			
Employee Race:			
Employee Length of Service at this employer:			
Employee Time in this job classification:			
Medical Facility treated at or taken to:			
Treating physician if known:			
Were there others killed or hospitalized:			
A brief description of the accident:			
If fatality – cause of death:			
Call OSHA: Northern & Eastern Nevada: (775)824-4611 Southern Nevada (702)-486-9020	Time of Call:	Second Call:	
	Contact Compliance Officer:		