ACCIDENT INVESTIGATION REPORT

THIS IS NOT A SUBSTITUTE FOR THE STATE EMPLOYER'S FIRST REPORT OF WORK INJURY REPORT

INSTRUCTIONS: This report is intended to help correct problems, not to criticize or penalize employees injured while working. More importantly, the information provided below shows that any unsafe work practices or conditions are identified and promptly corrected.

Employee Name_____ Date of Injury:_____

Department:_____ Location Number:_____

CAUSE OF THE INCIDENT: Was the incident the result of :

☐ **WORK PRACTICE** and/or ☐ **WORK CONDITION**

____ Disobeyed policy / safety rules
____ Did not use a mechanical lift
____ Poor body mechanics
____ Unsafe behavior / horseplay
____ Improper protective equipment
____ Improper clothing, jewelry
____ Unauthorized activity

____ Lack of training / instructions
____ Wet spot / fluid leak (slip/fall hazard)
____ Unsafe equipment/improper maintenance
____ Poor housekeeping
____ Poor lighting
____ Inoperative safety devices
____ Poor ventilation

INCIDENT REVIEW: Detail what the employee was doing, how he/she was doing it and what objects, tools, structures or equipment were involved:

_____

_____

_____

Witnesses and/or statements: _____

_____

SAFETY PRECAUTIONS:

Explain in detail what actions were taken to correct the unsafe acts or condition. _____

_____

_____

Who is responsible to implement?_____

When will corrective action be completed?_____*(DATE)*

Principal/Supervisor completing this report: _____ Date_____