

ACCIDENT, INJURY AND ILLNESS INVESTIGATION FORM

GENERAL INFORMATION:

Administrator conducting investigation: _____ Date: _____

Location of accident: _____

Date of accident: _____ Date Reported: _____ Time of accident: _____

Name of Injured Employee: _____

Other workers involved in accident: _____

INJURY INFORMATION (Use back of form if necessary)

Description of accident, illness, or injury (what happened):

Accident Type:
(what caused
physical harm)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Struck against | <input type="checkbox"/> Caught on | <input type="checkbox"/> Contact with |
| <input type="checkbox"/> Struck by | <input type="checkbox"/> Caught between | <input type="checkbox"/> Radiation |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Contact with | <input type="checkbox"/> Caustics |
| <input type="checkbox"/> Fall on same level | <input type="checkbox"/> Electricity | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Overexertion (strain) | <input type="checkbox"/> Heat | <input type="checkbox"/> Toxic |
| <input type="checkbox"/> Caught in | <input type="checkbox"/> Cold | <input type="checkbox"/> Other |

Nature of Injury:

- | | | |
|--|--|--|
| <input type="checkbox"/> Foreign particle in eye | <input type="checkbox"/> Cut or laceration | <input type="checkbox"/> Bruise or contusion |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Amputation | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Fracture | <input type="checkbox"/> Repeated trauma |
| <input type="checkbox"/> Insect bite | <input type="checkbox"/> Strain or sprain | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Multiple injuries | |

**Part of Body
Affected:**

- | | | |
|--------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Chest | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Knee |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Legs | <input type="checkbox"/> Face |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Feet | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Back | <input type="checkbox"/> Fingers | <input type="checkbox"/> Other |
| <input type="checkbox"/> Ankle | | |

CONTRIBUTING FACTORS:

**Workplace
conditions that
contributed to
the accident:**

- | | |
|---|---|
| <input type="checkbox"/> Inadequate guard or protection | <input type="checkbox"/> Substandard housekeeping |
| <input type="checkbox"/> Defective tools or equipment | <input type="checkbox"/> Hazardous atmospheric conditions |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Excessive noise |
| <input type="checkbox"/> Inadequate warning system | <input type="checkbox"/> Radiation exposure |
| <input type="checkbox"/> Fire or explosion hazard | <input type="checkbox"/> Inadequate illumination |
| | <input type="checkbox"/> Other |

Unsafe work practices that contributed to the accident:

- Operating equipment w/o authority
- Failure to warn or secure
- Operating at improper speed
- Making safety devices inoperable
- Using equipment improperly
- Failure to use personal protective equipment
- Other
- Improper loading or placement
- Improper lifting
- Taking improper position
- Servicing equipment in motion
- Horseplay
- Was a code of safe practices violated? If so, which one.

CORRECTIVE ACTIONS:

What corrective actions need to be taken to prevent another accident. (check all that apply)

- Operator training needed
- Provide better warning
- Operating procedures posted
- Replacement of safety devices
- Specific equipment instruction
- Use of necessary personal protective equipment
- Loading or placement training
- Safe lifting training
- Lockout and tagout of energy sources
- Training on code of safety practices
- Disciplinary actions
- Other

MANAGEMENT ACTIONS:

What actions were taken to correct unsafe condition or unsafe practice:

Signature of Investigator

Date