



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 7.0 – ACCIDENT INVESTIGATION AND REPORTING

ATTACHMENT A – ACCIDENT INVESTIGATION AND REPORTING FORM

Number: 7.0

Issued: 5/2018

Revised: 1/2023

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☐ LTA ☐ Recordable ☐ First Aid ☐ Near Miss ☐ Product/Facility Damage ☐ Other

Incident Information

Individual: _____

Incident Date: _____ Time of Incident: _____ a.m. p.m.

Date Reported: _____ Time Reported: _____ a.m. p.m.

Day of the week incident occurred: _____ Hours into Shift: _____

Reported to Whom (Name): _____

Machine/Location _____

**THE INFORMATION IN THE SECTION BELOW IS NEEDED FOR WORKERS COMPENSATION INSURANCE ONLY
THIS IS NOT TO BE DISTRIBUTED (COVER THIS SECTION FOR DISTRIBUTION)**

Employee Name: _____ Social Security #: _____

Date of Hire: _____ Date of Birth: _____ Age: _____

Sex: ☐ Male ☐ Female Employee Status: ☐ FT ☐ PT ☐ Temp

Street Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Department: _____

Dept Incident Occurred In: _____ Job Performed: _____

Supervisor's Name: _____

Employee's Normal Schedule: _____ Average Hours Per Week: _____

Average Weekly Earnings: _____ Is Modified Work Available? ☐ Yes ☐ No

Will employee be compensated for lost time? ☐ Yes ☐ No

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Medical Information

Clinic/Treatment Provider: _____ Phone #: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Date sent to the clinic: _____

Describe Injury:

- ☐ Fracture ☐ Strain/Sprain ☐ Hearing Loss ☐ Burn ☐ Puncture ☐ Cut/Scrape ☐ Contusion
- ☐ Illness ☐ Laceration w/Stitches ☐ Other (Please describe): _____

What body part was affected?

- ☐ Thigh ☐ Eye ☐ Head ☐ Back ☐ Thumb ☐ Wrist ☐ Elbow ☐ Leg ☐ Hand ☐ Foot ☐ Chest
- ☐ Groin ☐ Ankle ☐ Ear ☐ Face ☐ Knee ☐ Finger ☐ Stomach ☐ Other (Please describe)

Type of Treatment Employee Received: _____

Did employee return to work on date of injury? ☐ Yes ☐ NoDoes the employee have restrictions? ☐ Yes ☐ NoWill the employee lose any time from work other than the first day? ☐ Yes ☐ No

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Investigation Worksheet**Ergonomic Considerations**1. Was ergonomics a factor in this incident? ☐ Yes ☐ No

(If yes, please explain) : _____

Work Area Considerations1. Was an unsafe condition a factor? ☐ Yes ☐ No2. Was there a distraction of any kind involved in the incident? ☐ Yes ☐ No

(If yes to any, please explain) : _____

Machinery Considerations1. Was there any equipment problems reported recently? ☐ Yes ☐ No2. Was Lockout/Tagout involved? ☐ Yes ☐ No3. Were guards and/or safety devices a factor in the incident? ☐ Yes ☐ No4. Was there a machine malfunction or issue that caused the incident? ☐ Yes ☐ No

(If yes to any, please explain) : _____

Material Handling Considerations1. Was excessive speed a factor? ☐ Yes ☐ No2. Was the incident a result of equipment failure? ☐ Yes ☐ No3. Was the load improperly centered/balanced? ☐ Yes ☐ No4. Was obstructed vision a factor? ☐ Yes ☐ No

5. Date of equipment inspection per policy? _____

(If yes to any, please explain) : _____

Training Considerations1. Did an unsafe act cause the incident? ☐ Yes ☐ No2. Was the employee not trained? ☐ Yes ☐ No3. Had the procedures to run the job changed recently? ☐ Yes ☐ No4. Was PPE being used improperly? ☐ Yes ☐ No

5. When was the last time the employee performed the job? _____

(If yes to any, please explain) : _____

Other Considerations1. Was a drug/alcohol test performed? ☐ Yes ☐ No2. Did any additional factors contribute to the incident? ☐ Yes ☐ No If so, please explain:



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Employee Description (Use additional pages as needed – attach to final report)

Describe how the incident occurred?

Witness Information/ Description (Use additional pages as needed – attach to final report)

List witness name(s) to the incident:

Witnesses' description of incident:

Supervisor's Investigation (Use additional pages as needed – attach to final report)

Supervisor's investigation of incident:

What was the unsafe act or condition?

Corrective Actions:

Immediate Action:

Long Range Action:

Target Action Date(s): _____

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Has employee received previous disciplinary action for safety or received safety infractions? ☐ Yes ☐ No

If yes, indicate date: _____

Will discipline be issued for this incident? ☐ Yes ☐ No If no, explain: _____Were all employees notified about the incident through plant meetings? ☐ Yes ☐ No

Number and Title of Written JHA (Job Hazard Analysis): _____

Is the hazard identified in the JHA: ☐ Yes ☐ NoDoes the JHA need to be reviewed: ☐ Yes ☐ No

Program Failure: (Check one or more programs whose failure contributed to this incident)

☐ Housekeeping ☐ Hazard Control ☐ Safety Meeting ☐ Near Miss ☐ PPE ☐ Other (Please describe) : _____

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

Facility Leader Signature: _____ Date: _____

Pictures need to be attached to this report when submitted.