EMPLOYEE ACCIDENT INVESTIGATION FORM
(TO BE COMPLETED BY IMMEDIATE SUPERVISOR)

CLAIM NO.:_____ DATE OF REPORT:_____
COPIES TO: DIVISION HEAD ORIGINAL TO: PERSONNEL

- ☐ **Bodily Injury**
- ☐ **Property Damage**
- ☐ **Near Miss**

Name of Injured:_____Department/Division:_____
Job Title:_____

Date of Accident:_____Time of Accident:_____AM/PM
Day of the Week_____Date Reported:_____
Reported to Whom:_____
Witnesses:_____

INJURED EMPLOYEE'S STATEMENT:
Described Accident:_____
_____
_____
_____
Identify specific location where accident/incident occurred:_____
_____
_____
Have similar accidents occurred before? ☐ YES ☐ NO Reason for recurrence (if any):_____
_____
_____
How could this accident have been prevented?_____
_____
_____
Was accident caused by unsafe act or condition: If so explain:_____
_____
_____

INJURY DESCRIPTION:

1. ☐ **Amputation**
2. ☐ **Back strain**
3. ☐ **Break/Fracture**
4. ☐ **Bruise/abrasion**
5. ☐ **Burn**
6. ☐ **Cut/puncture**
7. ☐ **Dermatitis**
8. ☐ **Eye injury**
9. ☐ **Repetitive Motion**
10. ☐ **Sprain/strain**
11. ☐ **No apparent injury**
12. ☐ **Other**

INJURED BODY PART: **(Check all that apply – Thumb = Finger 1, Great Toe = Toe 1)**

HEAD & NECK:	**UPPER EXTREMITIES:**	**TRUNK:**	**LOWER EXTREMITIES:**
☐**Skull**	☐**Shoulder R/L**	☐**Back**	☐**Thigh R/L**
☐**Scalp**	☐**Arm (Upper) R/L**	☐**Upper**	☐**Knees R/L**
☐**Face**	☐**Elbow R/L**	☐**Middle**	☐**Calf/Shin R/L**
☐**Ear R/L**	☐**Forearm R/L**	☐**Lower**	☐**Ankle R/L**
☐**Nose**	☐**Wrist R/L**	☐**Chest**	☐**Foot R/L**
☐**Mouth/teeth**	☐**Hand R/L**	☐**Abdomen**	☐**Toe 1 2 3 4 5**
☐**Eye R/L**	☐**Finger 1 2 3 4 5**	☐**Hips, pelvis**	☐**Other _____**
☐**Neck**	☐**Other _____**	☐**Other _____**	
☐**Other _____**			

CAUSE OF THE ACCIDENT
(Check All That Apply)

UNSAFE ACT/CONDITION:

☐**Housekeeping**
☐**Materials/tools/process**
☐**Work Practices**
☐**Hazards not recognized**
☐**Safeguarding devices**
☐**Protective equipment**
☐**Physical and environmental stresses**
☐**Exceeding limits (speeds, strengths, etc.)**
☐**Equipment, machinery**
☐**Facility/design**
☐**Other** _____

CONTRIBUTING FACTORS

☐**Conflicting goals/policies**
☐**Failure to plan/anticipate**
☐**Responsibilities not defined**
☐**Lack of procedures**
☐**Resources lacking**
☐**Failure to act/correct**
☐**Inadequate time**
☐**Failure to follow procedures**
☐**Knowledge/skills lacking**
☐**Horseplay**
☐**Excessive physical demands**
☐**Maintenance/inspection/repairs**
☐**Failure to use appropriate personal protective equipment**
☐**Inadequate construction/layout**
☐**Inadequate instructions**
☐**Inadequate design/safeguarding**
☐**Inadequate staff**
☐**Other** _____
_____

CORRECTIVE ACTION:

Action To Be Taken To Prevent Recurrence:	**Responsible Party:**	**Completion Date:**
#1. _____	_____	_____
#2. _____	_____	_____
#3. _____	_____	_____
#4. _____	_____	_____

SIGNATURES:

Employee:_____ **Date:**_____
Supervisor:_____ **Date:**_____

Updated: 7/13/01
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