

ACCIDENT, INCIDENT & INJURY INVESTIGATION FORM

This report will be completed as soon as possible

"911" should be called immediately if there is a serious and/or life threatening injury.

Employee's Name _____ Incident Date: _____	
Type of Incident (check applicable box)	
<input type="checkbox"/> Near Miss: <u>No injury</u> to the employee and <u>no damage</u> to equipment or property.	
<input type="checkbox"/> Accident: <u>No injury</u> to the employee but <u>damage to equipment or property</u>	
<input type="checkbox"/> Injury: <u>Employee was injured.</u>	
Impact of Injury (mark IF applicable)	
<input type="checkbox"/> Injury required employee to leave work	
<input type="checkbox"/> Injury required employee to receive professional medical attention from: Name of facility: _____ Phone _____	
Result of Treatment (check applicable box)	
<input type="checkbox"/> Employee returned to work without restrictions	
<input type="checkbox"/> Employee returned to work with restrictions	
<input type="checkbox"/> Employee is unable to work at this time and is <i>expected to return to work</i> on _____	
Did an unsafe condition contribute to the incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below:
Did equipment failure contribute to the incident?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below:
Did the employee perform an unsafe act?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please describe below:

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Description of Incident
Names of Witnesses Involved
What could have been done to prevent the incident?
What can be done to reduce the chances of a similar incident occurring?
Supervisor comments regarding incident

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Type of Injury	Body Part(s) Affected	Cause of Injury
<input type="checkbox"/> Burn	<input type="checkbox"/> Head (eyes/face)	<input type="checkbox"/> Fall
<input type="checkbox"/> Cut, Laceration or Puncture	<input type="checkbox"/> Lower Extremity (ankle/ foot/ hip/ knee/ leg)	<input type="checkbox"/> Interaction with consumer
<input type="checkbox"/> Fracture, Broken Bone(s)	<input type="checkbox"/> Neck	<input type="checkbox"/> Overexertion
<input type="checkbox"/> Sprain or Strain	<input type="checkbox"/> Trunk (chest/ back/ abdomen)	<input type="checkbox"/> Slip
<input type="checkbox"/> Other	<input type="checkbox"/> Upper Extremity (arm/ finger/ hand/ shoulder/wrist)	<input type="checkbox"/> Struck
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

DID THE INCIDENT INVOLVE A VEHICLE? No Yes, please answer the following questions:

Employee's Drivers License # _____

VEHICLE: Year __ Make/Model _____ Plate# _____ Vin# _____

Damage to vehicle? No Yes, please describe _____

Employee was wearing a seatbelt? Yes No

Exact location of accident _____

Where was employee traveling to? (i.e., to a home-visit appointment in Mt. Holly) _____

Owner of other vehicle _____ Home # _____ Work # _____

Driver of other vehicle _____ Home # _____ Work # _____

VEHICLE: Year _____ Make/Model _____ Plate# _____

Insurance _____ Policy # _____

Damage to other vehicle? No Yes, please describe _____

Injuries sustained to other? No Yes, please describe _____

Name of the Police Department at the scene _____

Was ticket issued at the scene? No Yes, please indicate offense _____

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SIGNATURES

Print name of person completing report

Signature and Date

Print witness name (if any)

Signature and Date

Print Supervisor's name

Signature and Date

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DISCLAIMERS

Even OSHA's own website has a disclaimer:

- These regulations and related materials are ... continually under development. The user should be aware that, while we try to keep the information on our Web site timely and accurate, there will often be a delay between official publication of the materials and their appearance or modification on these pages. The Company will make every effort to correct errors brought to our attention.

Company Disclaimer:

- The following has been developed to reduce hazards likely to cause injuries to our employees.
- Some of the following policies may not be applicable to our operations. This manual serves as a guideline and is subject to change or modification as particular circumstances warrant.
- Employees should contact their immediate supervisor or senior management with questions.
- **If there are conflicts with local, state or federal regulations or the Company's Employee Handbook or other Company documents, the local, state or federal regulations, the Company Employee Handbook or other Company documents will prevail.**

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- The information contained is for informational purposes only.
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Reference OSHA Standards:

- **Refer to the OSHA standards and updates issued by OSHA for the most accurate information.**
- **This document is based on OSHA's [Training Requirements in OSHA Standards](#) document.**
- **When there is a conflict between the contents in this document and, as applicable, [OSHA 29 CFR Part 1926 Safety and Health Regulations for Construction](#) or [OSHA 29 CFR Part 1910 Safety and Health Regulations for General Industry](#), the OSHA standards and other regulatory updates will prevail.**