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Accident/Incident Investigation Report

(EHS&EM use only) Medical Report/Control # _____ Submitted Within 24 Hours: Yes No Preliminary Final

SECTION I

A. Complete and submit section I of this report within 24 hours for all accidents, property damage, and near misses, and complete the remainder of the Report within 72 hours.

Check All That Apply: Personal Injury/Illness Property Damage Near Miss

Facility: 1	Location within Facility or outside (bay, office, parking lot, or sidewalk, etc.): 2	
Full Legal Name (first, mid initial, last): 3	Date of Birth: 4	Marital Status: 5
Address: 6	Phone Number: 7	
Gender: 8	Number of Dependents: 9	Job Title: 10
Accident/Incident Date: 11	Time Employee Began Shift: 12 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Date Reported: 13	Time of Accident/Incident: 14 <input type="checkbox"/> AM <input type="checkbox"/> PM	
Supervisor's Name: 15	Person to Whom Reported: 16	
Witnesses: 17		
Nature of Injury/Illness or Incident and Body Part: 18		
Equipment/Machinery Involved: 19		

Treated in ER – If so, Physician and Hospital or Clinic Address:

20

When the accident/incident occurred was the employee following all safety instructions/regulations. If not, explain.

21

Were any safety regulations violated? If yes, explain.

22

Was a third party responsible for the injury? If so, who?

23

Description of Incident/Accident *[What happened? Tell how the incident occurred. What was the employee doing just before the incident occurred? Describe the activity, as well as the location, tools, equipment, or material the employee was using. What object or substance directly harmed the employee? Be specific so others unfamiliar with the process will understand the report (i.e. **weight and dimensions of object**). Include statements from witnesses and injured/involved employee].*²⁴

Empty box for description of incident/accident.

SECTION II

Pictures or Drawing of Scene. (Draw/photograph site, explain and paste in document or attach with incident report.)

25

Empty box for pictures or drawing of scene.

Contractor(s) Involved (If yes, explain and provide contractor's name and name of company.):

26

Longwood contact for the Contractor

27

Property Damage

28

Cost \$

Estimated?

Actual?

Is there a Safety Instruction related to this injury/incident?

Yes No

If Yes, Title of Safety

Instruction: 29

Describe job practice: (What was the employee supposed to do? Any special instructions?)

30

How often is this activity performed (for example: 2 or 3 times daily, weekly, monthly, etc)?

31

How many consecutive days worked prior to injury/illness?

32

Time in current job? 33

Date and title of last training related to this incident?

34

Describe Multiple Causes (*Include all events or conditions that contributed to the incident determined through investigation*). Contact Environmental Health & Safety & Emergency Management Office EHS& EM if assistance needed. 35

1. Machinery and Equipment (for example: faulty step ladder):
2. Process (for example: excessive lifting required for task):
3. Tools and PPE: (for example: safety glasses fog during task so not worn or improper tool used):
4. Environment (for example: inadequate housekeeping during shift or weather related):
5. Instructions (for example: lockout or Safety Instruction contained improper steps or did not exist):
6. Personnel (for example: employee had excessive fatigue or did not follow instruction):
7. Management (for example: previous corrective action not completed or ineffective):
8. Training (for example: training was not adequate or was not provided):
9. Other:

Of the causes described above which do you consider to be root causes? (List Below)

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Section III

What actions did you immediately take to reduce the risk of this event happening again?

37

Actions Taken	Who Completed	Date
1.		
2.		
3. <i>Initiate Safety contact as needed</i>	<i>Investigator</i>	

Based on causes listed previously, what long term actions that need to be completed for risk reduction (i.e. work order, engineering project, SI creation). Identify the management designated person responsible for completing corrective actions and provide the estimated completion date.

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Recommendations	Accountable Person	WO #	Est. Comp Date
1.			
2.			
3.			
4.			
5. <i>Communicate Safety Alert as needed</i>		<i>N/A</i>	

Additional Comments:

39

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Investigation Team Members

40

1.	2.	3.
4.	5.	6.

Section IV

FACILITY APPROVALS

1. Investigator Date:	2. Next Level of Management Date:
3. Other (As required by facility) Date:	4. Other (As required by facility) Date:

Section V

EHS&EM Office

5. Safety Representative:	Date:

Comments (*Including Corrective Action Report (CAR) Recommendations*):

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Previous Injuries/Illnesses: (If so, attach history)

Loss Prevention Codes

Cause	Source	Unsafe Condition	Unsafe Work Practice	System Failure	Contributing Factor