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Accident/Incident Investigation Report

(EHS&EM use only) Medical Report/Control # _____	Submitted Within 24 Hours: Yes <input type="checkbox"/> No <input type="checkbox"/>	Preliminary <input type="checkbox"/> Final <input type="checkbox"/>
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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 materials 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 the injured/involved employee. 24

SECTION II

Pictures or Drawings of the Scene. (Draw/photograph site, explain and paste in document or attach with incident report.) 25

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 <input type="checkbox"/> No <input type="checkbox"/> 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 is needed. 35

1. Machinery and Equipment (for example: faulty step ladder):
2. Process (for example: excessive lifting required for the task):
3. Tools and PPE: (for example: safety glasses fog during the task, so not worn or an improper tool is 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 instructions):
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 the root causes? (List Below) 36

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. Initiate Safety contact as needed	Investigator	

Based on the 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. ³⁸			
Recommendations	Accountable Person	WO #	Est. Comp Date
1.			
2.			
3.			
4.			
5. Communicate Safety Alert as needed		N/A	

Additional Comments: ³⁹

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):					
Previous Injuries/Illnesses: (If so, attach history)					
Loss Prevention Codes					
Cause	Source	Unsafe Condition	Unsafe Work Practice	System Failure	Contributing Factor