

ACCIDENT / INCIDENT INVESTIGATION REPORT INSTRUCTIONS

All accidents / incidents must be reported so that prompt medical attention can be provided and corrective actions taken to prevent another occurrence. If property damage or a near miss occurs and no one is injured the incident report still must be filled out and sent to the Environmental, Health Safety and Emergency Management Office (EHS&EM).

Property damage involves physical damage to a building structure, equipment or machinery, i.e. a fork truck running into a door frame, etc. A near miss includes situations where an injury could have occurred but did not, i.e. failure to wear a hard hat and a tool fell from above almost striking the employee.

The instructions below are intended to provide assistance in completing the accident / incident report so that a complete, accurate document is generated. Section I of this form must be filled out within 24 hours of the accident, incident, property damage or near miss. For additional information on Accident Investigation and Reporting please refer to Longwood EHS&EM Policy and Procedures at the website located at <http://solomon.longwood.edu/ehs/policies--procedures/>.

This is a guide to assist you in filing out the accident report.

Section I

A. Check all that apply: Indicate if an injury, near miss or property damage was involved.

- 1. Facility:** List the Facility in which the Accident/Incident occurred (Art Department, Facilities – Maintenance, Grounds, Capital Planning and etc).
- 2. Location within facility:** Give a specific location within the building either by department or floor, or outside – where – inside tool shed, while mowing etc. Example: Lancaster 223.
- 3. Full Legal Name:** Full Legal name of the injured person. No nicknames.
- 4. Date of Birth:** Persons DOB who was injured
- 5. Marital Status:** M=Married S=Single
- 6. Address:** Address of injured person or who this accident report is for
- 7. Phone Number:** Of person injured or who this accident report is for
- 8. Gender:** Of person injured or who this accident report is for
- 9. Number of Dependents:** Number of dependents claimed.
- 10. Job Title:** Title of injured person or who this accident report is for.
- 11. Accident/Incident Date:** Date incident occurred.
- 12. Time employee began shift:** Actual time employee began work on the day of the incident.
- 13. Date Reported:** Date on which the employee reported the incident to his/her supervisor?
- 14. Time of Accident/Incident:** The time closest to the actual time of the incident, as possible.
- 15. Supervisor's Name:** Name of the injured employee's supervisor.

- 16. Person to Whom Reported:** The person who was first informed of the incident?
- 17. Witnesses:** List the names of all witnesses to the incident, including those who have knowledge of the process but who may not have been eye-witnesses to the incident.
- 18. Nature of Injury/Illness or Incident and Body Part:** Describe the incident and/or the injury. (Was it a cut, laceration, abrasion)? Identify what body part was involved.
- 19. Equipment/Machinery Involved:** Describe and identify any machinery that was involved in the accident or injury.
- 20. Treated in ER –** If so, Physician's Name and Hospital or Clinic Address
- 21. Question -** When the accident/incident occurred was the employee following all safety instructions/regulations. If not, explain.
- 22. Question –** Were any safety regulations violated? If yes, explain.
- 23. Question –** Was a third party responsible for the injury? If so, who?
- 24. Description of Accident/Incident:** Describe the accident or incident as communicated by the employee or others who may have witnessed the incident. Provide detail so that if someone who knew nothing about the incident read it they would be able to understand. [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 witness and injured/involved employee].

Section II

- 25. Pictures or Drawing of Scene.** (*Draw/photograph site, explain and paste in document or attach with incident report.*) Were photos taken to document the accident or incident? Provide all photos to EHS&EM Office.
- 26. Contractor(s) Involved:** If contractors were involved identify them.
- 27. Longwood contact for Contractor:** Document the Longwood contract Project Manager.
- 28. Property Damage:** Provide dollar amount of property damage (if the amount is known) or an estimate.
- 29. Is there a safety instruction related to this injury/incident? If yes, title of Safety Instructions (SI):** Did the job require a safety instruction be followed? If so identify the SI.
- 30. Describe the Job Practice / Any special instructions?:** Describe exactly what the expectations of the job task. Were special instructions required and not followed?
- 31. How often is this activity performed:** Is it a normal job task performed by the employee? How often is he/she expected to perform it?
- 32. How many consecutive days worked prior to injury/illness:** How many days has

the employee worked before the injury occurred?

33. Time in current job: How long had the employee been working in his/her job prior to the accident?

34. Date and title of last training related to this incident: If required for the job task, when did the employee last receive training? Example; fork lift driver accident. When did he/she last receive training.

35. Describe Multiple Causes (*Include all events or conditions that contributed to the incident determined through investigation*). –This section is designed to help investigators consider multiple causes. Review each category below and determine if it applies to the incident. It may or may not be the root cause.

1. Machinery and Equipment (*for example: faulty step ladder*):

Related to equipment failure or malfunction? (Preventive maintenance problem, a repeat or unexpected failure, a design error, faulty parts, or did equipment wear out.). If improper maintenance or operation, it should be listed under different causes.

2. Process (*for example: excessive lifting required for task*):

Design of process (equipment, facility, system, work flow or instrumentation) and human interface? Arrangement/placement of equipment? Labels not easily understood? Process or controls excessively complicated? Excessive lifting?

3. Tools and PPE: (*for example: safety glasses fog during task so not worn or improper tool used*): Incorrect tools used or tool not used properly. Tool design inadequate. Personal Protective Equipment (PPE) not adequate for the task. PPE evaluation not conducted. Employee failed to wear PPE.

4. Environment (*for example: inadequate housekeeping during shift or weather related*):

Work environment not conducive to good performance (poor housekeeping, inadequate lighting, extreme heat or cold, high radiation, contamination, hazardous emissions, excessive noise)? Rain, snow or ice? Did cramped quarters contribute to the incident?

5. Instructions (*for example: lockout or Safety Instruction contained improper steps or did not exist*):

Was an instruction followed incorrectly? Was the instruction wrong?
There was no instruction for task and there should have been.

6. Personnel (*for example: employee had excessive fatigue or did not follow instruction*): Was there excessive fatigue, impairment, personal problems or inattentiveness? Procedure used incorrectly or not used? Was task conducted in a hurry or short cut used? Cause may be related to management causes.

7. Management (*for example: previous corrective action not completed or ineffective*): Cause related to inadequate (confusing, incomplete, unclear, ambiguous, not strict enough) standards, policy, strategic plans or administrative controls. Was implementation of policy adequate? Inadequate audits? Culture of putting production over safety?

8. Training (*for example: training was not adequate or was not provided*): Cause related to lack of training or poor understanding of the work to be performed.

9. Other: Use this category only as a last resort when sufficient detail is not available to determine other causes. Discuss with EHS&EM if you need help further determine the causes.

36. Root Cause: Of the causes described above which do you consider to be root causes? Root cause is the most basic cause(s) (the underlying cause of the accident, it is the reason behind the visible symptoms) that can be reasonably identified and that management has the control to fix. Use techniques such as 5Y (ask Why 5 times).

Section III

37. Immediate Corrective Actions: List immediate actions taken to reduce the likelihood of this type of incident from recurring. This could include repair or replacement of defective items that may have contributed to this incident, or administrative measures (such as barricading).

38. Long term actions: Based on causes listed previously, note 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.

Long term actions are the corrective actions that correct the root cause(s) of the incident. Long term actions may take some time to complete and implement. Discuss with your manager and EHS&EM for help with determining adequate corrective actions.

39. Additional Comments: Include any additional information or facts relative to the investigation.

40. Investigation Team Members: Document all employees that participated on the investigation.

SECTION IV

Investigator: The employee's supervisor must complete and sign the accident/incident report. Employees are not allowed to fill out their own accident report.

Next Level of Management: Next level of management is required based on EHS&EM specific procedures, such as, all reports involving injuries must be signed by a Director or above.

SECTION V

Safety Representative: Forward Section I to Human Resources and EHS&EM within 24 hours of your being notified of the accident/incident taking place. The completed final report must be reviewed, signed and submitted within 72 hours to the above departments.

The EHS&EM Office will provide direct support, guidance and technical expertise to help ensure the best quality and timeliness of the accident investigation process.

All Supervisors' will be provided Accident Investigation Training through the EHS&EM Office annually.