

# ACCIDENT INVESTIGATION FORM

- Accident investigation assists you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that DWC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

**This is an**  **Injury**  **Disease**  **Fatality**  **Near-miss**

**TODAY'S DATE** \_\_\_\_\_

**DATE REPORTED** \_\_\_\_\_

**COMPANY** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_

1. Name of Person Involved		2. Sex	3. Social Security Number	4. DOB	5. Date of Incident
6. Home Address  _____  _____  Phone (    )		7. Time and Day of Incident _____ a.m; _____ p.m; day of week _____		8. Specific Location of Incident Was it on employer's premises? <input type="checkbox"/> yes <input type="checkbox"/> no	
		9. Employee's Occupation		10. Job Task at Time of Incident	
13. Name and Address of Treating Physician  _____  _____  Phone (    )		11. Length of Service _____ Years; _____ Months		12. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> With Fellow Workers <input type="checkbox"/> Other	
		14. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Non-employee <input type="checkbox"/> Seasonal		15. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 5 month <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to less than 5 years <input type="checkbox"/> 5 or more years	
16. Name and Address of Hospital  _____  _____		17. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other (explain below)			
		18. Name of employee's immediate Supervisor at time of incident		Witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Employee's Wage (pay per Hour)		Other Witnesses  _____			
21. Voluntary benefits paid by the employer, if any					

**22. PART of BODY INJURED or AFFECTED**

- Skull, Scalp     Jaw     Abdomen     Shoulder     Wrist     Knee     Foot
- Eye     Neck     Back     Upper Arm     Hand     Thigh     Toe
- Nose     Spine     Pelvis     Elbow     Finger     Lower Leg     Ankle
- Mouth     Chest     Other Body Part     Forearm     Hip     Other \_\_\_\_\_

**23. NATURE of INJURY or ILLNESS**

- Puncture     Bruise, Contusion     Skin Disorder     Amputation     Muscle Sprain     Cumulative Trauma Disorder
- Laceration     Dislocation     Burn     Insect/Animal Bite     Muscle Strain     Irritation
- Fracture     Abrasion     Respiratory     Foreign Body     Hernia     Infection
- Heat/Cold Stress     Hearing Loss     Chemical Exp.     Other \_\_\_\_\_

**24. DISPOSITION**

- Days away from work # \_\_\_\_\_
- Restricted work days # \_\_\_\_\_
- Date returned to work # \_\_\_\_\_
- Sent to:     Doctor     Hospital

**25. DIAGNOSIS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**26. SEVERITY**

- First Aid     Medical Treatment
- Lost Work Days     Fatality
- Other: Specify \_\_\_\_\_

**27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT?  Not Applicable**

- Close Clearance/Congestion     Floors/Work Surfaces     Inadequate Housekeeping     Defective Tools/Equipment/Vehicle
- Hazardous Placement     Inadequate Ventilation     Equipment Failure     Illumination
- Inadequate Warning System     Equipment/Workstation Design     Inadequate Guards/Barrier     Inadequate/Improper P.P.E.

**28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS?  No Substandard Conditions**

- Abuse or Misuse     Inadequate Supervision     Inadequate Purchasing     Inadequate Engineering
- Inadequate Maintenance     Inadequate Tools/Equip..Mat.     Improper Work Surfaces     Wear and Tear
- Lack of Knowledge/Training     Improper Motivation     Inadequate Capacity     Lack of Skill

**29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT?  Not Applicable**

- Failure to Make Secure     Under Influence Drugs/Alcohol     Failure to Warn/Signal     Inadequate/Improper P. P. E. Use
- Nullified Safety/Control Devices     Used Defective Equipment     Horseplay/Distractive Active     Operating at Improper Speed
- Used Equipment Improperly     Improper Lifting     Operating Procedure Deviation
- Running/Rushing/Acting in Haste     Improper Loading     Unauthorized Actions     Used Wrong Tool/Equipment
- Improper Technique     Improper Position     Servicing/Operating Equipment
- Other \_\_\_\_\_

**30. PROBABLE RECURRENCE**

- Frequent     Occasional     Rare

**31. LOSS SEVERITY POTENTIAL**

- Major     Serious     Minor

**32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)**

- Improve Enforcement     Improve Clean-up Procedures     Repair/Replace Equipment     Corrective Counseling
- Improve Storage/Arrangement     Rotation of Employee     Eliminate Congestion     Improve/Change Work Method
- Identify/Improve P. P. E     Install/Revise Guards/Devices     Task Analysis to Be Completed
- Task Analysis/Procedure Revision     Improve Design/Construction     Job Reassignment of Employees
- Use Other Materials/Supplies     Improve Illumination     Mandatory Pre-Job Instructions
- Improve Ventilation     Reinstruction of Employees     Other \_\_\_\_\_

**33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments)  Comments sheet**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments)  Comments sheet**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN**

Corrective Action Taken	Person Responsible	Target Date	Date Completed

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_