

### INCIDENT/ACCIDENT INVESTIGATION

Date of Report: \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM

Employee \_\_\_\_\_ Social Security Number (last 4) \_\_\_\_\_

Job Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employee's Supervisor \_\_\_\_\_ Title \_\_\_\_\_

Witnesses:

(NAME)

(TITLE)

_____	_____
_____	_____
_____	_____

Where did the accident happen?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What happened? Include details related to the injured person's condition prior to the accident, any tools and equipment, environment, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Attach a copy of all incident reports and a summary of each interview of this report)**

- Did the injured employee fill out an incident report in his/her own words?      Y [ ] N [ ]
- Was the injured employee interviewed?      Y [ ] N [ ]
- Did the injured employee's supervisor fill out an incident report in his/her own words?      Y [ ] N [ ]
- Was injured employee's supervisor interviewed?      Y [ ] N [ ]
- Did witnesses fill out incident reports in their own words?      Y [ ] N [ ]
- Were witnesses interviewed?      Y [ ] N [ ]
- Did the accident involve a vehicle off the facility?      Y [ ] N [ ]
- If yes, were the police called?      Y [ ] N [ ]      (If yes, attach a copy of the police report)

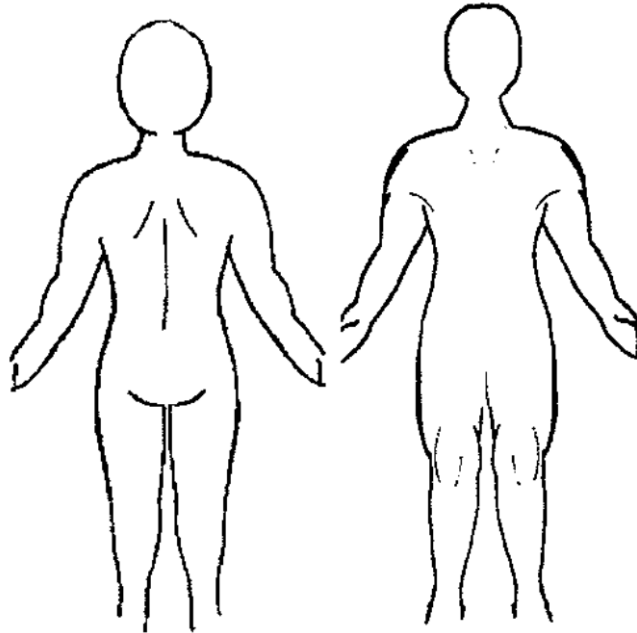
Describe Injury:

---

---

---

Identify area of injury on anatomical chart:



Did the injured employee receive outside medical treatment? Y  N

If yes, where? \_\_\_\_\_

Did the injured receive first aid by facility or medical staff? Y  N

Name of attending physician: \_\_\_\_\_

Was treatment immediate or later? \_\_\_\_\_

If later, describe what happened to seek medical attention: \_\_\_\_\_

---

Type of Treatment: \_\_\_\_\_

Will this accident result in time off the job? Y  N  If yes, provide the anticipated time off as soon as possible.

Was the injured employee performing his/her regular duties? Y  N  If no, explain: \_\_\_\_\_

---

If performing another job, was the injured employee properly trained in the responsibilities and safety requirements of new duty? Y [ ] N [ ]

Were photographs taken of the accident site, any relative equipment involved, and the employee's injury? Y [ ] N [ ] (**Attach copies of photos to this report**)

Was this accident preventable? Y [ ] N [ ]

Why?

---

---

What actions have been taken as a result of this accident?

---

---

Any additional remarks:

---

---

Accident Investigation Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Original: HRMS Representative  
cc: Division Head/Regional Director  
Facility/District/Unit Head  
Agency's Workers' Compensation Claims Administrator  
Environmental Health and Safety  
Responsible Safety Consultant/Designee