

## Employee Report of Accident, Injury or Illness (3pages)

**Instructions:** Please Print. Fill in all blanks. If a blank does not pertain to your accident, injury or illness write "N/A" in that blank. When completed, return this form to your supervisor.

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Sex** \_\_\_ **Age**

\_\_\_\_\_

**Address** \_\_\_\_\_ **Phone Number**

\_\_\_\_\_

**Marital Status:**  Single  Married  Separated  Divorced  Widowed

**# of Dependents** \_\_\_\_\_

Employment Start Date	Time in Present Job
Job Title	Supervisor's Name
Department	Date & Time of Accident
Location of Accident	Task being Performed
Name of Witness	Name of Witness
<b>Describe how the accident happened</b>	
<b>What caused the Accident</b>	
<b>What could have prevented this accident</b>	
<b>Date &amp; Time you first sought medical attention</b>	
<b>Name of Hospital or Doctor</b>	
<b>Were you using required safety equipment?</b>	
<b>Do you have a job at another company?</b>	

The information I have provided either in my own writing or verbally for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this claim of injury/accident may result in termination of my employment.

**Signature of Employee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reader or Interpreter:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_

## Supervisor's Report of Accident

**Supervisor's Name:** \_\_\_\_\_

### *Basic Rules for Accident Investigation*

- Find the cause to prevent future accidents - Use an unbiased approach during investigation
- Interview witnesses & injured employees at the scene - conduct a walkthrough of the accident
- Conduct interviews in private - Interview one witness at a time.
- Get signed statements from all involved.
- Take photos or make a sketch of the accident scene.
- What hazards are present - what unsafe acts contributed to accident
- Ensure hazardous conditions are corrected immediately.

<b>Date &amp; Time</b>		<b>Location</b>	
<b>Tasks performed</b>		<b>Witnesses</b>	
<b>Resulted in</b>	__ Injury __ Fatality __ Property Damage	<b>Property Damage</b>	
<b>Injured</b>		<b>Injured</b>	

**Describe Accident Facts & Events**

Supervisor's Root Cause Analysis		<i>Check ALL that apply to this accident</i>	
Unsafe Acts		Unsafe Conditions	
Improper work technique		Poor Workstation design	
Safety rule violation		Unsafe Operation Method	
Improper PPE or PPE not used		Improper Maintenance	
Operating without authority		Lack of direct supervision	
Failure to warn or secure		Insufficient Training	
Operating at improper speeds		Lack of experience	
By-passing safety devices		Insufficient knowledge of job	
Protective equipment not in use		Slippery conditions	
Improper loading or placement		Excessive noise	
Improper lifting		Inadequate guarding of hazards	
Servicing machinery in motion		Defective tools/equipment	
Horseplay		Poor housekeeping	
Drug or alcohol use		Insufficient lighting	
<b>Unsafe Acts require a written warning and re-training <u>before</u> the Employee resumes work</b>			
<b>Date</b>		<b>Date</b>	
Re-Training Assigned		Unsafe Condition Guarded	
Re-Training Completed		Unsafe Condition Corrected	
<b>Supervisor Signature</b>		<b>Supervisor Signature</b>	

### Accident Report Review

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Department Superintendent \_\_\_\_\_

Date \_\_\_\_\_

Safety Manager \_\_\_\_\_

Date \_\_\_\_\_

Plant Manager \_\_\_\_\_

Date \_\_\_\_\_