

EMPLOYEE ACCIDENT REPORT
(COMPLETED BY EMPLOYEE)

Claim # _____

Please fill out this form so that we can find out what caused your accident / injury and respond promptly to your needs.

INFORMATION ABOUT YOU

Name: _____ Home Phone _____
(Please print)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: () Male () Female

Your Job Title: _____ Supervisor's Name: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Name(s) of Witnesses: _____

Nature of Injury (i.e., part of the body, type of injury): _____

Describe in your own words what happened and the results of the incident: _____

(If you need additional space to describe the incident, use backside of this form)

I certify that all information given is correct to the best of my ability and knowledge.

Signed: _____

Date: _____

Please complete this form and forward to your Supervisor

EMPLOYEE ACCIDENT REPORT

DATE: _____
TIME: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

DATE OF ACCIDENT: _____

TIME OF ACCIDENT: _____

LOCATION OF ACCIDENT: _____

DATE OF REPORT: _____

REPORTED BY: _____

WITNESSES: _____

DESCRIPTION OF ACCIDENT: _____

CAUSE OF ACCIDENT: _____

REMARKS: _____

SIGNATURE: _____

Please complete this form and forward to your Supervisor.

SUPERVISOR'S INVESTIGATIVE REPORT OF INJURY

Name of Injured Employee: _____

Clock No.: _____

Department : _____

Shift: _____

1. Date of occurrence: _____ Time: _____

Date you were first aware of occurrence: _____ Time: _____

2. Medical Treatment received by injured: _____

3. Description of incident (Be specific): _____

4. Location: _____

5. Describe the injury (i.e., part of the body, type of injury): _____

6. What was the employee doing just prior to and at the time of the incident?

7. Did the incident occur while the employee was in pursuit of his/her regular duties?

8. Was the employee properly instructed as to the manner in which to perform his/her duties?

9. Did he/she follow instructions? _____

10. Did he/she have any physical handicap? _____

11. Were any of the other employees involved in the accident? _____ If so, who? _____

12. Was the equipment or machinery being used in good condition? _____
13. Was it properly guarded? _____
14. Was the guard in place at the time of injury? _____
15. Was the equipment suited for the purpose for which it was used? _____
16. Was the work area adequately lighted? _____
17. Was housekeeping a factor? _____
18. How is the same work done by other employees? _____
19. Has the employee suffered the same type of accident or illness in the past? _____
20. Has another employee had the same type of accident before? _____
21. Investigate the area. Have any problems been reported? _____ Were there any peculiarities involved? _____
22. What action is recommended to prevent this incident from happening again? _____
23. Any Witnesses: _____

Employee Signature / Date

Supervisor Signature / Date

To be completed and submitted to the Human Resources Department within 24 hours after the time of the incident.

Supervisor's Accident Investigation Checklist

The Big Picture

A. CONTROL THE ACCIDENT SITUATION - PEOPLE ARE THE FIRST PRIORITY

- ☐ Send for Help - notify Management
- ☐ "Safe" the area and administer First Aid

To Stop ongoing hazards to rescue personnel you may have to...

- | | |
|--|---|
| <input type="checkbox"/> Shut off electrical power | <input type="checkbox"/> Bleed or isolate pressurized systems |
| <input type="checkbox"/> Block mechanical equipment - prevent movement | <input type="checkbox"/> Issue personal protective equipment |
| <input type="checkbox"/> Check air quality | |
| <input type="checkbox"/> Provide emergency lighting, power, air, etc. | |

Secure The Scene and Protect Evidence

- | | |
|---|---|
| <input type="checkbox"/> Rope off area or station a guard | <input type="checkbox"/> Issue tagouts, lockouts, permits |
|---|---|

B. COLLECT EVIDENCE

Identify Transient Evidence - Make notes, take pictures or provide sketches of the following:

- ☐ Position of tools, equipment, layout, etc.
- ☐ Air quality, things that evaporate or melt, smells, etc.
- ☐ Tire tracks, foot prints, loose material on the floor, etc.
- ☐ Identification numbers of the equipment and maintenance records
- ☐ Collect operating logs, charts, records

Note: Put dimensions on all sketches, sign and date all photos

Note General Conditions - Yes or No (Y or N) - Did the following factors contribute to the accident?

- | | |
|---|---|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Equipment Condition or Malfunction History |
| <input type="checkbox"/> Work Environment or Layout | <input type="checkbox"/> Training, Experience, or Supervision |
| <input type="checkbox"/> Floor or Surface Condition | <input type="checkbox"/> Periodic Rule or Procedures Violations |
| <input type="checkbox"/> Lighting or Visibility | <input type="checkbox"/> Employee Morale or Attitude |
| <input type="checkbox"/> Noise or Distractions | <input type="checkbox"/> Health or Safety Record |
| <input type="checkbox"/> Air Quality, Temperature, or Weather | <input type="checkbox"/> Alcohol or Drug Abuse |

C. GET THINGS BACK TO NORMAL

D. INTERVIEW WITNESSES

DO...

- Interview as soon as possible
- Interview at the accident scene
- Take notes or use a tape recorder
- Put the witness at ease
- Ask open ended questions
- Repeat the story back to the witness
- End the interview on a positive note

ALWAYS...

- Stress that you only want the facts
- Stress that you want to prevent the next accident
- Take the extra time to assure understanding

DON'T...

- Pressure the witness
- Blame the witness for the accident
- Interrupt an answer
- Ask questions that can be answered "yes or no"
- Ask "why" questions and "opinion" questions first

E. ANALYSIS

- Write down the accident story
- List the facts (parts of the story) which are in dispute
- Compare the facts and dispute accounts with the physical evidence to establish the best answer
- Finalize the story and identify accident causes with your manager

F. REPORT

- Complete the Supervisor's Accident Investigation Form

Use this checklist as a tool to prevent future injuries and accidents.

Do not forward to MTMIC.

ACCIDENT INVESTIGATION WITNESS STATEMENT

1. Witness Name: _____
2. Injured Employee(s) Name(s): _____
3. Date of Injury: _____
4. Time of Injury: _____
5. Department or Location Where Incident Occurred: _____
6. Machine or Equipment Involved: _____
7. Describe Incident: (Include only what you actually saw, not secondhand information)

8. Where were you when incident occurred? _____
9. Were there any other witnesses? _____
10. Was lighting adequate in area? _____
11. Did housekeeping contribute to the incident? _____
12. Did equipment contribute to the incident? _____
13. Did you notice any unusual circumstances before, during or after the incident (example: power surge, strange odors or sounds)? _____
14. Describe the nature of the injury from what you observed? _____

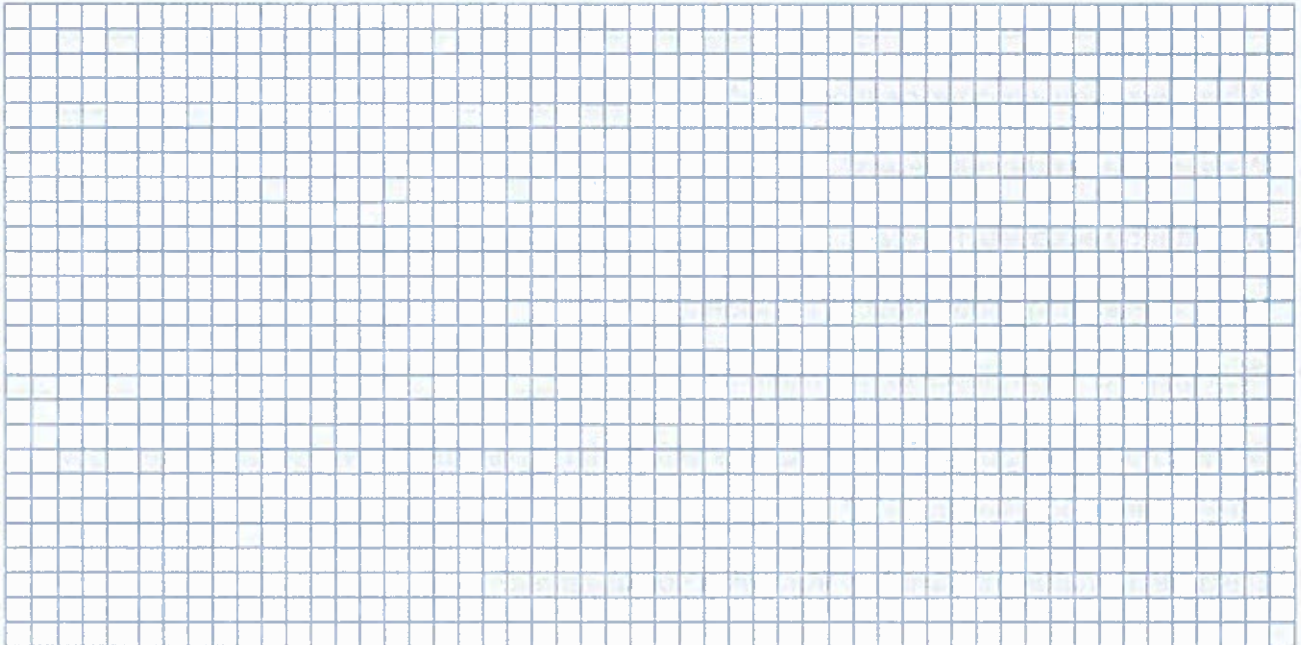
15. Were you involved in the incident? _____
16. What actions did you take as a result of this incident? _____

17. Who did you notify as a result of this incident? _____



Please circle or mark the areas of the body that you observed as injured.

To the best of your ability please sketch the incident scene in the space provided below.



I certify that all information contained in this statement is true to the best of my ability.

Signed: _____

Date: _____