

ACCIDENT INVESTIGATION REPORT

CASE NUMBER

COMPANY _____ ADDRESS _____

DEPARTMENT _____ LOCATION (if different from mailing address) _____

1. NAME of INSURED	2. SOCIAL SECURITY NUMBER	3. SEX <input type="checkbox"/> M <input type="checkbox"/> F	4. AGE	5. DATE of ACCIDENT
6. HOME ADDRESS _____	7. EMPLOYEE'S USUAL OCCUPATION		8. OCCUPATION at TIME of ACCIDENT	
11. EMPLOYMENT CATEGORY <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Nonemployee <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Seasonal	9. LENGTH of EMPLOYMENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs		10. TIME in OCCUP. at TIME of ACCIDENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs	
13. NATURE of INJURY and PART of BODY. _____	12. CASE NUMBERS and NAMES of OTHERS INJURED in SAME ACCIDENT _____			
14. NAME and ADDRESS of PHYSICIAN _____	16. TIME of INJURY A. _____ A.M. _____ P.M. B. Time within shift C. Type of Shift		17. SEVERITY of INJURY <input type="checkbox"/> Fatality <input type="checkbox"/> Lost workdays—days away from work <input type="checkbox"/> Loss workdays—days of restricted activity <input type="checkbox"/> Medical treatment <input type="checkbox"/> First aid <input type="checkbox"/> Other, specify _____	
15. NAME and ADDRESS of HOSPITAL _____	18. SPECIFIC LOCATION OF ACCIDENT _____			
ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		19. PHASE OF EMPLOYEE'S WORKDAY at TIME of INJURY <input type="checkbox"/> During rest period <input type="checkbox"/> Entering or leaving plant <input type="checkbox"/> During meal period <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____		
20. DESCRIBE HOW the ACCIDENT OCCURRED _____ _____ _____ _____				
21. ACCIDENT SEQUENCE. Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury. A. Injury Event _____ B. Accident Event _____ C. Preceding Event #1 _____ D. Preceding Event #2, #3, etc. _____ _____				

22. TASK and ACTIVITY at TIME of ACCIDENT

A. General type of task _____

B. Specific activity _____

C. Employee was working:

Alone With crew or fellow worker Other, specify _____

23. POSTURE of EMPLOYEE

24. SUPERVISION at TIME of ACCIDENT

Directly supervised Not supervised

Indirectly supervised Supervision not feasible

25. CAUSAL FACTORS. Events and conditions that contributed to the accident. Include those identified by use of the Guide for Identifying Causal Factors and Corrective Actions.

26. CORRECTIVE ACTIONS. Those that have been, or will be, taken to prevent recurrence. Include those identified by use of the Guide for Identifying Causal Factors and Corrective Actions.

PREPARED BY _____

TITLE _____

DEPARTMENT _____ DATE _____

Developed by the National Safety Council

APPROVED _____

TITLE _____ DATE _____

APPROVED _____

TITLE _____ DATE _____