

ACCIDENT INVESTIGATION REPORT GENERAL INFORMATION

<i>Name of Employee</i>	<i>Social Security No.</i>
<i>Job Title</i>	<i>Accident Location</i>
<i>Pay Rate</i>	<i>Normal Work Schedule</i>
<i>Birthdate</i>	<i>Date Hired</i>
Male <input type="checkbox"/> Female <input type="checkbox"/>	<i>Date of Accident</i>
<i>Part of Body Injured</i>	<i>Description of Injury</i>
<i>Time of Accident</i>	<i>Supervisor's Name</i>

Address or location of accident _____

How did the accident happen?

Name, address, and telephone number of Clinic or Hospital.

Secondary Cause of Accident

Unsafe Conditions	Unsafe Acts
<input type="checkbox"/> <i>housekeeping</i>	<input type="checkbox"/> <i>did not follow instructions</i>
<input type="checkbox"/> <i>unsafe process</i>	<input type="checkbox"/> <i>lack of training</i>
<input type="checkbox"/> <i>lack of Personal Protective Equipment(PPE)</i>	<input type="checkbox"/> <i>lack of experience</i>
<input type="checkbox"/> <i>faulty equipment</i>	<input type="checkbox"/> <i>horseplay</i>
<input type="checkbox"/> <i>proper equipment not available</i>	<input type="checkbox"/> <i>did not use available PPE</i>
<input type="checkbox"/> <i>defective material</i>	<input type="checkbox"/> <i>lifting inappropriately</i>
<input type="checkbox"/> <i>lack of lifting equipment</i>	<input type="checkbox"/> <i>improper use of tools</i>

Other: _____

Primary Cause of Accident

What decisions or process can management change or focus on to prevent a similar accident:

Supervisor _____ Date _____