

Supervisor's Accident Investigation Report

Supervisor's name: _____

Member's name: _____

Date member informed you of the accident: _____

Date you interviewed member about accident _____

Name(s) of witness(es) interviewed

OR no member interview (check this box)

_____	_____
_____	_____
_____	_____

How long has member performed the skill/activity s/he was performing at time of accident/injury?

less than 1 year 1 – 5 years over 5 years

Write in the policy (procedure, etc.) number that pertains to this task/activity:

OR – no policy, procedure, etc. (check this box)

How long ago has member had training related to this particular skill/activity?

within last 6 months 6 – 12 months over 1 year

Accident Summary:

The following blocks are potential source causes of accidents and injuries. Identifying all source causes helps improve the Safety and Accident Prevention Program by knowing where to concentrate efforts. Please check all that apply. Also be sure to write in your reasoning and recommendations.

SOPs, GUIDELINES, ETC.		OR	<input type="checkbox"/> Policy, guideline, etc not relevant to this accident/injury	
<input type="checkbox"/> No policy, guideline etc. exists for this activity	<input type="checkbox"/> Policy, guideline etc. exists, but was not understood and therefore not followed		<input type="checkbox"/> Member received no training for this policy procedure	<input type="checkbox"/> Policy inconsistent with practice
Explain your reasoning and provide recommendations to avoid future occurrences:				

HAZARDS			
<input type="checkbox"/> Hazard was not identified	<input type="checkbox"/> Hazard identified, but not yet controlled	<input type="checkbox"/> Hazard control was not successful	<input type="checkbox"/> Hazard was identified but accepted
Explain your reasoning and provide recommendations to avoid future occurrences:			

HUMAN FACTORS			
<input type="checkbox"/> Insufficient planning	<input type="checkbox"/> Friendly competition	<input type="checkbox"/> Taking shortcuts	<input type="checkbox"/> Felt rushed due to external factors
<input type="checkbox"/> Done "it" many times same way without adverse effect	<input type="checkbox"/> Didn't think PPE was needed	<input type="checkbox"/> Improvising with tool, procedure, equipment, etc	<input type="checkbox"/> Horseplay
Explain your reasoning and provide recommendations to avoid future occurrences:			

FACILITIES AND EQUIPMENT			
<input type="checkbox"/> Faulty equipment	<input type="checkbox"/> Poor design	<input type="checkbox"/> Ergonomic factors	<input type="checkbox"/> Poor lighting
Explain your reasoning and provide recommendations to avoid future occurrences:			

COMMUNICATION

- Direction not given
- Direction given but not understood
- Conditions changed after direction had been given
- Confusion between teams or team members

Explain your reasoning and provide recommendations to avoid future occurrences:

TRAINING

- Member had insufficient training related to this activity
- Circumstances of this event were not addressed in training
- Member performed activity not as trained
- Trained, but so long ago or so infrequent did not remember how

Explain your reasoning and provide recommendations to avoid future occurrences:

OTHER FACTORS

- Weather or temperature
- Working long hours
- Physical overexertion
- Improper body position
- PPE inadequate/failed
- Other member's action
-
-

Explain your reasoning and provide recommendations to avoid future occurrences:

Additional information and recommendations to prevent future recurrences:

Changes recommended in:

- Policy, procedures, etc.
- Training
- Equipment, apparatus, facilities
- No further action necessary

Supervisor Signature

Date