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|  | | ***SOUTHERN ADVENTIST UNIVERSITY***  Supervisor Accident Investigation Report | | | | | | | | | | | | | | | |  | | | | |
| *Everyone needs to work together and make every effort to minimize on-the-job injuries. If an injury does occur, it is important that Supervisors follow appropriate procedures to get timely medical care and conduct a thorough investigation to ultimately prevent future accidents. As soon as any needed medical needs are addressed, complete your review at the accident scene. Investigating incidents thoroughly helps us identify root causes and take corrective action to reduce the likelihood of repeat occurrences. The purpose of this review is not to assign blame, but rather to find facts. Safely secure the scene. Be prepared to take photos, measure, gather evidence, refer to written standards, and have witnesses complete written statements, etc. Determine: who, what, where, when, how, and why? Then assess what corrective actions should be taken, assign responsibility for those actions, and follow up on their completion. This form is intended for internal use and not to be used to report claims.* | | | | | | | | | | | | | | | | | | | | | | |
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| ***Report Completed by: (Supervisor):*** | | |  | | | | | | | | | | | | | | ***Date:*** | | | | | |
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| Name of Injured Employee | | Job Title | | | | | | | | | | Employee Classification  FT  PT  Temp | | | | | Branch/Jobsite Location of Injury | | | | | |
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| Injured Employee’s Department | | Date & Time Injury Occurred | | | | | | | | | | Supervisor | | | | | Date & Time Reported to Supervisor | | | | | |
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| Task Performed when Injured | | Exact Location of Injury Occurrence | | | | | | | | | | Was Task (Check One):  Routine  Infrequent  New | | | | | | | | How long Employed? | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| When Did Injury Occur in Shift (Check One)  Early  Near Break  Late  OT | | | | Occurred on Company Premises?  Yes  No | | | | | | | | | | Injured Employee Experience in Job Task (Check One)  New  Novice  Competent  Expert  Unauthorized | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Date On-Scene Observation of Accident Site made by Supervisor? | | | | Photos/Sketches Taken?  Yes  No | | | | | | Any Witnesses?  Yes  No  If Yes, attach Statements | | | | | | Accident Evidence Secured?  Yes  No | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Was Post-Accident Drug Testing Administered:  Yes  No  If Yes, Where? | | | | | | | | | | Physician/Hospital Authorized by Employer?  Yes  No  Name | | | | | | | | | | | | |
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| Has the injured employee and medical provider been informed that **transitional duty work** will be offered for immediate return to work within medical restrictions?  Yes  No | | | | | | | | | | Additional Comments: | | | | | | | | | | | | |
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| ***Nature of Injury and Body Parts Affected:*** (e.g., cut left thumb, broke right arm, strained lower back, etc.) | | | | | | | | | | | | | | | | | | | | | | |
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| ***Severity of Injury/Illness.*** | | | | | | | ***Work Status Following Initial Medical Treatment (Anticipated)*** | | | | | | | | | | | | | | | |
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| “Near-Miss” Accident (no injury)  First-Aid (in house treatment only)  Minor Medical (initial doctor treatment, then release)  Serious (partial disability, continuing medical care)  Catastrophic (hospitalization, critical condition, severe disability, fatality) | | | | | | | | Full Duty Return to work on next shift  Transitional Duty Return to work on next shift  Lost Time (did not return to work on next shift) | | | | | | | | | | | | | | |
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| ***Cause of Injury/Illness.*** | | | | | | | | | | | | | | | | | | | | | | |
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| Slip/Trip/Fall onto same level  Fall from above level (ledge, platform, ladder, stairs)  Caught In/On/Between (pinched, snagged, grabbed)  Overexertion (strain from force, exhaustion)  Respiratory Exposure | | | | | | Struck-Against (hit on, bumped into)  Struck By (hit by something/someone)  Repetitive Motion Condition  Vehicle Accident  Cut by sharp object (knife, blade) | | | | | | | | | Contact With (Electrical, Chemical, Heat/Cold)  Foreign Material in Eye  Bio-hazard Exposure (needle stick, blood)  Animal/Insect Bite  Other | | | | | | | |
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| ***Describe in Detail How the Accident Occurred.*** | | | | | | | | | | | | | | | | | | | | | | |
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| Comment on equipment/tools, materials, people, vehicles, or environmental factors (such as noise, lighting, heat, cold, etc.) that may have contributed. | | | | | | | | | | | | | | | | | | | | | | |
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| ***Protective Gear Used by Injured Employee (when incident occurred).*** | | | | | | | | | | | | | | | | | | | | | | |
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| Specify any PPE worn at time of incident (e.g., hard hat, face shield, fall protection harness, respirator, gloves, etc.). | | | | | | | | | | | | | | | | | | | | | | |
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| ***Immediate Causes of Accident (identify both behavior(s) and conditions(s). Check as many as applicable.*** | | | | | | | | | | | | | | | | | | | | | | |
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| **Behaviors/Work Practices** | | | | | | | | | **Physical Conditions** | | | | | | | | | | | | | |
| Using Improper Equipment (wrong type/damaged)  Abuse or Misuse of Equipment  Removing Safety Devices or Making them Inoperable  Failing to Use PPE or Seatbelts  Improper Placement or Storage of Materials (unstable)  Improper Handling Technique (help, grip, reach, posture)  Failure to Use Safe Lift Handling Equipment (carts, lifts, etc.)  Patient Handling/Improper Body Position or Overreaching  Working on Equipment in Motion  Performing Work at Unsafe Speed or Pace  Not Authorized or Qualified to Perform Task  Failure to Isolate/Secure/Lockout Energized Equipment  Horseplay  Inadequate Ventilation  Drug/Alcohol Abuse | | | | | | | | | Inadequate Guards/Barriers/Safety Devices  Inadequate or Improper Protective Equipment  Defective/Worn Tools or Equipment in Service  Congested/Restricted Area/No Separation  Fire or Explosion Hazard  Working Surface Unsafe (slippery, sloped)  Poor Housekeeping/Disorder  Noise/Vibration  Hazardous Materials/Chemicals Used  Visibility Inadequate (dark, glare, obscured)  Heavy Work Uncontrolled  Production Pace Unsafe  Emergency Systems/Provisions inadequate  Temperature Extremes  Poor Traffic Flow | | | | | | | | | | | | | |
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| ***Root causes of Accident (identify both personal factor(s) and management practice factor(s). Check as many as applicable.*** | | | | | | | | | | | | | | | | | | | | | | |
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| **Possible Personal Factors** | | | | | | | | | **Possible Management Practice Factors** | | | | | | | | | | | | | |
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| Insufficient Knowledge  Insufficient Skill  Insufficient Experience  Insufficient Motivation  Fatigue (mental or physical)  Personal Issues  Other: | | | | | | | | | Leadership/Supervision/Enforcement  Engineering/Design/Capacity/Containment  Process/Work methods  Maintenance/Inspection Program  Staffing/Manpower/Hiring Practices  Tools/Equipment Provided  Hazardous Materials Alternatives/Controls  Training/Development  Hazard Identification/Evaluation | | | | | | | | | | | | | |
| Other/Comments: | | | | | | | | | | | | | | | | | | | | | | |
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| ***Preventative Measures to Consider. Check as many as applicable.*** | | | | | | | | | | | | | | | | | | | | | | |
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| General Enforcement Improvement  Training or Re-Training of Employees  Individual Corrective Counseling  PPE Improvement  Staffing/Hiring Stds./Development  Rotation of Employees  Employee Awareness/Communication  Job Re-Assignment of Employee(s) | Housekeeping/Disposal improvement  Substitute Safer Alternative Material  Guards/Safety Devices Improvement  Engineering/Process Improvement  Visibility/Illumination Improvement  Storage/Arrangement Improvement  Provide Employee Incentive  Remove Employee Disincentive | | | | | | | | | | | | Repair/Replace Equipment  Congestion/Traffic Improvement  Supply/Purchasing Improvement  Insp./Maintenance Improvement  Noise/Vibration Improvement  Emergency Systems/Provisions  Safety Efforts Effectiveness  Warning System Provided | | | | | | Formal Procedure Devep/Update  Work Method Improvement  Workstation Re-Design  Temperature Improvement  Ventilation Improvement  Discontinue/Eliminate Task  Remove/Eliminate Hazard  Conduct Hazard Analysis | | | |
| Other/Comments: | | | | | | | | | | | | | | | | | | | | | | |
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| ***Specific Corrective Action(s) Taken*** | | | | | | | | | | | | | ***Person(s) Responsible*** | | | | | | | | ***Target Date*** | ***Date Completed*** |
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| ***Report Corrective Action(s) Updates Completed by: (Supervisor):*** | | | | | | | | | | |  | | | | | | | | | | ***Date:*** | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Manager:  ***Comments*** | | | | | Executive:  ***Comments*** | | | | | | | | | | Safety Committee:  ***Comments*** | | | | | | | |