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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?      |
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| 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 |
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| Was Post-Accident Drug Testing Administered: [ ]  Yes [ ]  NoIf Yes, Where?       | Physician/Hospital Authorized by Employer? [ ]  Yes [ ]  NoName       |
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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:***       |
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| Manager:      ***Comments***      | Executive:      ***Comments***      | Safety Committee:      ***Comments***      |