Accident Investigation Procedures

ACCIDENT INVESTIGATION PROCEDURES

SCOPE

Accident investigations, when conducted properly, will assist in determining the root cause so that a corrective measure can be applied to prevent the incident from recurring. The procedures outlined in this section will assist managers and supervisors in determining the root cause.

GOAL

Gordon H. Baver, Inc. strives for zero workplace accident and injuries, but realizes there will be accidents on occasion. Our goal is to provide a system for all accidents to be investigated. We view these unfortunate incidents as "Lesson in Losses" and will use them to learn in order to prevent their recurrence in the future.

ACCIDENT REPORTING

All accidents, regardless of how minor or whether there was injury, must be immediately reported (or as soon as practical, but not more than 24 hours after the incident) to the employee's supervisor or manager. No exceptions will be tolerated.

The First Report of Injury Form must be completed by the Supervisor and affected party. These forms are required to be complete and accurate and are used to complete the First Report of Injury Form. The purpose is to provide information regarding the incident in order to determine the root cause and apply corrective measures. Supervisors are required to provide the First Report of Injury Form to the Human Resource's office within 24 hours of notification of the injury.

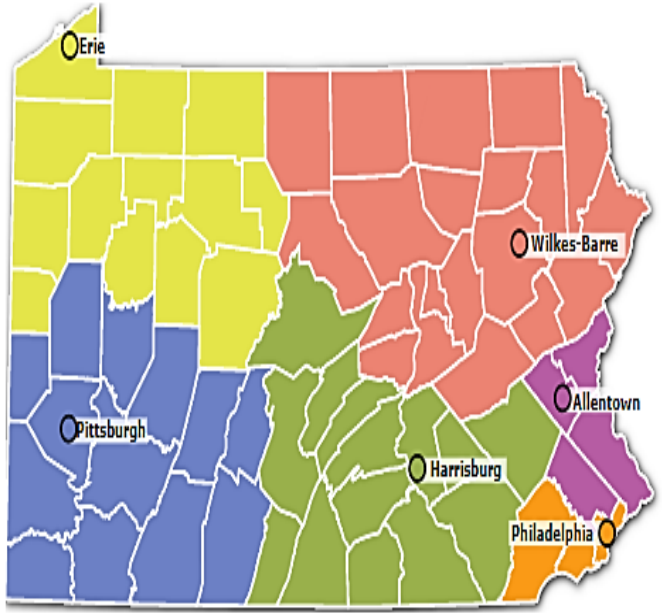
"Near misses" should also be evaluated, although a First Report of Injury Form will not be required. These should be investigated to determine the probability of it recurring (likelihood) and all potential outcomes (severity).

PLEASE NOTE: The following incident reporting times **MUST** be followed in accordance with OSHA:

- Within eight (8) hours after the death of any employee as a result of a work-related incident.
- Within twenty-four (24) hours after the in-patient hospitalization of one or more employees or an employee's amputation or an employee's loss of an eye, as a result of a work related incident.

By Telephone OSHA Toll-Free: (800) 321-OSHA (1-800-321-6742)
By Electronic Submission: www.osha.gov

PENNSYLVANIA



County List

Contact the office nearest you.

OSHA Area Offices

These federal OSHA offices cover private sector employers and workers in Pennsylvania:

Allentown Area Office
Saucon Valley Plaza
3477 Corporate Parkway
Suite 120
Center Valley, PA 18034
(267) 429-7542
(267) 429-7567 FAX

Erie Area Office
U.S. Department of Labor - OSHA
1128 State Street, Ste 200
Erie, Pennsylvania 16501
(814) 874-5150
(814) 874-5151 FAX

Harrisburg Area Office
U.S. Department of Labor - OSHA
43 Kline Plaza
Harrisburg, PA 17104-1529
(717) 782-3902
(717) 782-3746 FAX

Philadelphia Area Office
U.S. Department of Labor - OSHA
100 Penn Square East
Suite 1240
Philadelphia, Pennsylvania 19107
(215) 597-4955
(215) 597-1956

Pittsburgh Area Office
U.S. Department of Labor-OSHA
William Moorhead Federal Building, Room 905
1000 Liberty Avenue
Pittsburgh, PA 15222
(412) 395-4903
(412) 395-6380 FAX

Wilkes-Barre Area Office
U.S. Department of Labor - OSHA
The Stegmaier Building, Ste 410
7 North Wilkes-Barre Boulevard
Wilkes-Barre, PA 18702-5241
(570) 826-6538
(570) 821-4170 FAX

Gordon H. Baver Accident Investigation Report Form

General Information

Employee Name _____

Address: _____

Phone: _____ Sex: Male_____ Female _____

Date/Time of Event _____

Date/Time Reported _____ Reason for Delay _____

Location of Incident/Accident: _____

Address: _____

Job Title: _____ Department: _____

Foreman/Supervisor: _____ Phone: _____

Date of Hire	Time in Current Job	Hours worked in past 24

Involved employees:
Name: _____ Phone: _____

_____ Phone: _____

Witnesses: _____ Phone: _____

_____ Phone: _____

Treatment/ First Aid	Medical	Returned to work Date/Fatality

Accident/Incident Details

Describe what is reported to have happened
Describe the resulting injury, illness or property damage
In your own words, describe exactly what the employee was doing just prior to and at the time of the accident In your opinion, what employee actions and/or working conditions contributed to this accident?
Have other accidents/incidents involving the employee's actions and/or working conditions occurred previously? If so, describe:
In your opinion, were written or accepted safe methods and practices followed prior to the accident or incident. If not, explain.
In your opinion, what caused the accident/incident?

Corrective Action

In your opinion, could the accident/incident have been prevented? If so, how?
What actions have been, or should be, taken to reduce the likelihood of accidents of this nature from recurring?
Additional Comments and/or notes:

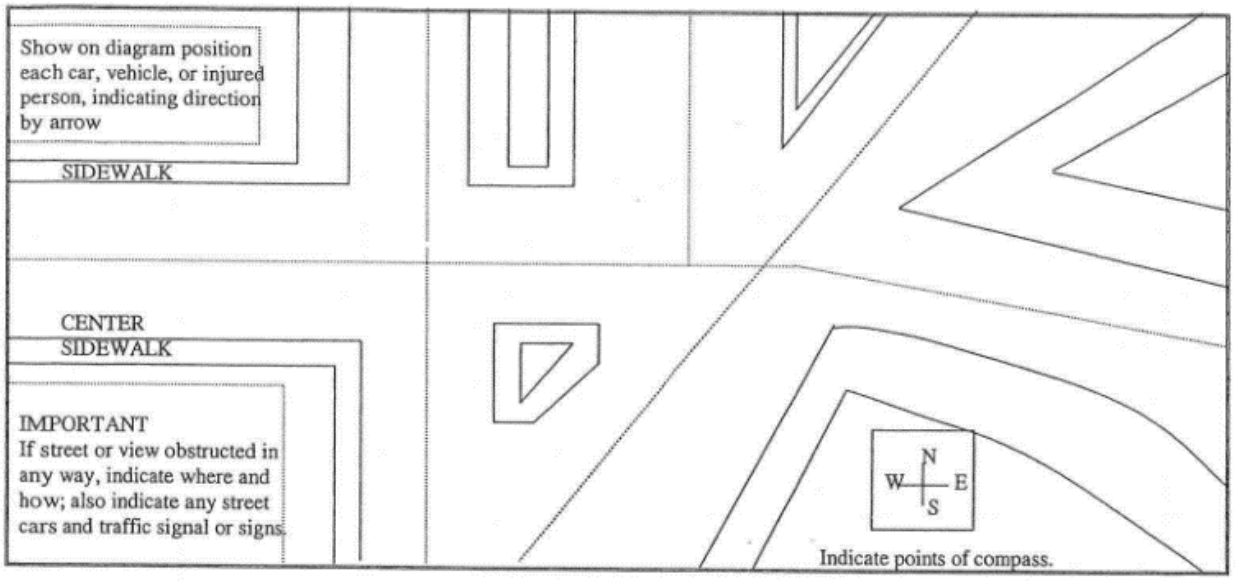
Supervisor Completing the Report:	Date of Report:
Reviewed by:	Has Corrective Action Been Taken: Yes _____ No _____

AUTOMOBILE ACCIDENT REPORT

Gordon H. Baver, Inc.

187 West 8th Street, Pennsburg, PA 18073

GHB Insured Auto and Driver	Year:_____ Make:_____ Model:_____ Tag:_____ Driver:_____ Age:_____ Purpose of Use at Time of Accident:_____ _____ Amount of Damage to Vehicle:_____
Time and Place	Date of Accident or Loss:_____ Hour:_____ Location of Accident:_____ Police Authority Investigating:_____
Other Damage To Property of Others	Owner of Property Damage:_____ Address:_____ Driver of Other Vehicle:_____ Address:_____ Driver's License No.:_____ If Automobile, Year:_____ Make:_____ Model:_____ Tag:_____ Kind of Property and Extent of Damage:_____ Insurance Carrier:_____Policy #:_____
Persons Injured	Name: Address: Phone #: 1. _____ 2. _____ 3. _____ 4. _____ Nature and extent of injuries: 1._____ 2. _____ 3. _____ 4. _____ Where was injured person taken:_____ By whom:_____



Explain fully how accident occurred:

Name of Witnesses	Address	Phone	State where witness was at time of accident

Date

Name of Person Filing Report

Name of Person Taking Report

Telephone Number of Caller

Near Miss Form

Date:_____

Name:_____

Job Site:_____

Job Number:_____

Superintendent:_____

Incident:_____

Cause/Concern:_____

Correction:_____

_____

_____

_____

_____

_____

Level of Concern: 1 being very low and 10 being the most severe.
1 2 3 4 5 6 7 8 9 10