

12 1000 A
Accident Report
(12 1000 Accident Investigation Procedures)

General Information

Injured 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: _____		
Date of Treatment/ First Aid	Medical	Returned to work Date/Fatality
Physician/Hospital Information		

Accident/Incident Details

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

<p>Was there any property damage?</p> <p>Has damage been reported to Maintenance/Management, repairs made?</p>

Corrective Action

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

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