**Appendix 4.1 – Accident Investigation Report**

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| Site / Location :  | Date of Report  |
| Date of Incident:  | Time:  |
| Identifying Information  |
| Injury or Illness  | Property Damage  | Other Incidents  |
| Injured Name:  | Property Damaged:  | Nature of Incident:  |
| Part of Body:  | Days Lost:  | Nature of Damage:  | Incident Cost:  |
| Object/Substance Inflicting Harm:  | Object/Substance Inflicting Damage:  | Object/Substance Related:  |
| Occupation:  | Time on Task:  | Person With Most Control of Item:  | Person With Most Control of Item:  |
| Risk  |
| Evaluation of Loss Potential if not Corrected  | Loss Severity Potential 1. [ ]  Major
2. [ ]  Serious
3. [ ]  Minor
 | Probable Reoccurrence 1. [ ]  Frequent
2. [ ]  Occasional
3. [ ]  Seldom
 |
| Description  |
| Describe how the incident occurred, including Assessment of Accident Scene (use photos, attach drawings if necessary)  |

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| Eyewitnesses Name(s) and Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Cause Analysis  |
| **Immediate Causes**. What substandard action or conditions caused or could have caused the event? **Basic Causes.** What specific personal or job factors caused or could cause this event?  |
| Action Plan  |
| What has and/or should be done to control the causes listed? (Work order, Warning, More Training, etc.) **Corrective Actions.**  |
| **Signature of Investigator:**  | **Date:**  | **Follow- Up Date:**  |
| **Safety Committee Review**  |
| **Signature Health & Safety** **Representative:**  | **Date:**  |
| **Safety Committee Members:**  | **Date:**  |