**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:** |