

## Carteret County Public Schools ACCIDENT INVESTIGATION FORM

### Note to Supervisor

Remember that an accident investigation is not designed to find fault or blame. Rather, it is a tool to find causes that can be controlled or eliminated

### Completing the Investigation

Try to answer these questions:

- ✓ Who was injured?
- ✓ What materials, equipment, machines or other conditions were involved?
- ✓ Why did the accident happen?
- ✓ When did the accident happen?
- ✓ Where did it happen?
- ✓ How did the accident occur?

### Make Recommendations

No accident investigation is complete unless corrective action is suggested and implemented.

### Follow-up

Determine and document what action has been taken on your recommendations

Employee/Property Involved: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Employee Soc. Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male:  Female:   
 Employee Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Department: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor's Telephone #: \_\_\_\_\_  
 How long was employee performing this operation? \_\_\_\_\_  
 Was the employee Instructed?  Yes  No  
 Did the accident result in an injury?  Yes  No

**Severity of Injury:** OSHA Recordable?  Yes  No  
 First-aid only  Medical treatment only  Near miss  
 Fatality  Lost workday (away from work)  Restricted duty (work or motion)  
 Is Employee losing time from work?  Yes  No  Unknown Is Employee on restricted duty:  Yes  No  Unknown

Date lost time began: \_\_\_\_\_ Date restricted time began: \_\_\_\_\_  
**Type of Injury:**  
 Fall from elevation  Caught in, under or between  Contact w/ Temp. Extremes  Other  
 Fall on same level  Rubbed or abraded  Contact w/ other  Unknown  
 Struck against  Bodily reaction  Public transportation accident  
 Struck by  Overexertion  Motor vehicle accident  
 Puncture  Contact w/ electrical current  Slip

**Nature of Injury:**  
 Abrasion  Contusion  Fracture  Puncture  Sprain  Illness/Infection  
 Amputation  Crushed  Inhalation  Rash  Skin contact  Prop. Damage  
 Burn  Foreign Body  Laceration  Strain  Rep. Motion  Other (describe)

**Body Part Injured:**  
 Arm  Face  Groin  Internal Organs  Neck  Wrist  
 Back  Finger  Hand  Leg  Torso  Other (describe)  
 Eye  Foot/feet  Head  Multiple  Trunk

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_  
 Date reported to supervisor: \_\_\_\_\_  
 How did accident occur? \_\_\_\_\_  
 \_\_\_\_\_

What was the attitude of the employee? \_\_\_\_\_  
 \_\_\_\_\_

Cause of accident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Witnesses Name	Dept./Address	Phone Number
_____	_____	_____
_____	_____	_____

**Risk Potential**  
 Severity Potential  Major  Serious  Minor Frequency Potential  Frequent  Occasional  Seldom

Contributing Factors (not all inclusive)		
At-risk/Unsafe Acts		Unsafe Conditions
<ul style="list-style-type: none"> <li>Operating without authority</li> <li>Failure to secure</li> <li>Operating at unsafe speed</li> <li>Failure to warn/signal</li> <li>Making safety devices inoperable</li> <li>Removing safety devices</li> <li>Using defective equipment</li> <li>Using equipment unsafely</li> <li>Failure to use PPE properly</li> </ul>	<ul style="list-style-type: none"> <li>Failure to lock-out</li> <li>Improper loading of material</li> <li>Improper placement of material</li> <li>Improper lifting</li> <li>Horseplay</li> <li>Under influence of alcohol and/or drugs</li> <li>Following too close</li> <li>Improper lane change</li> <li>Failure to obey signals</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate guard/safety device</li> <li>Defective tools, equipment or materials</li> <li>Poor housekeeping</li> <li>Protruding object</li> <li>Fire and/or explosion hazard</li> <li>Close clearance/congestion</li> <li>Environmental conditions</li> <li>Inadequate work station design</li> <li>Poor vehicle condition</li> </ul>
Possible Root Causes & Areas of Management Control (not all inclusive):		
<ul style="list-style-type: none"> <li><b>Administrative</b> (i.e., failure to match people with tasks; lack performance measurement or feedback methods)</li> <li><b>Work standards</b> (i.e., inadequate development of JHA's, communication and maintenance of standards, policies and procedures)</li> <li><b>Design/Engineering</b> (i.e., inadequate consideration of ergonomics; inadequate design criteria; inadequate assessment of loss exposures)</li> <li><b>Purchasing</b> (i.e., inadequate specifications; inadequate research on materials/equipment/hazards)</li> <li><b>Maintenance</b> (i.e., inadequate plan or execution of maintenance and/or repairs)</li> <li><b>Tools and equipment</b> (i.e., inadequate assessment of needs; inadequate maintenance/repair)</li> <li><b>Lack of safety knowledge</b> (i.e., lack of experience; inadequate orientation; inadequate initial and/or update training)</li> <li><b>Lack of safety skill</b> (i.e., inadequate initial instruction; inadequate practice; infrequent performance; lack of coaching)</li> <li><b>Performance Improvement/Motivation</b> (i.e., work management issues, performance management issues, misc. )</li> <li><b>Environmental Factors</b> (i.e., work environment related (heat, cold, wet, air quality, etc), fatigue due to task load or duration; fatigue due to lack of rest; job design issues)</li> </ul>		

**Root Causes – Summarize the Root Causes which led to this event**

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**Corrective Actions – What has and/or should be done to control the root cause listed (add responsible person's name beside each action)**

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**Review – Reviewer's assessment of symptoms, root causes and corrective actions**

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Additional Comments:

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Diagram or Photo:

Signed: \_\_\_\_\_ Dept: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_