**Accident Investigation**

**Purpose**
One of the ingredients to a successful safety process includes unbiased, prompt and accurate accident investigations. The basic purpose of these investigations is to determine measures that can be taken to prevent similar accidents in the future.

**Scope:**
It is the policy of This Company that investigations of all work related accidents, injuries and illnesses are to be conducted in a to identify the root causes so that changes can be made for the prevention of future accidents.

**Responsibilities: Management**
- Conduct accident prevention and investigation training for supervisors
- Ensure all accidents and injuries are properly investigated
- Ensure immediate and long term corrective actions are taken to prevent reoccurrence
- Maintain Accident Reports permanently on file
- Ensure proper entries are made on the OSHA 300 Log and First Report of Injury
- Provide all necessary medical care for injured workers

**Supervisors:**
- Conduct immediate initial accident investigations
- Report all accidents to management as soon after the event as possible
- Collect and preserve all evidence that may be useful in an investigation
- Conduct interviews of witnesses in a polite professional manner
- Do not attempt to find or assign blame for accidents
- Take action to protect people and property from secondary effects of accidents

**Employees:**
- Immediately report all accidents & injuries to their supervisor
- Assist as requested in all accident investigations
• Report all hazardous conditions and near-misses to supervisors

The initial investigation has three purposes:
1. Prevent further possible injury and property damage
2. Collect facts about the accident
3. Collect and preserve evidence

Steps
a. Secure the area. Do not disturb the scene unless a hazard exists.
b. Prepare the necessary sketches and photographs. Label each carefully and keep accurate records.
c. Interview each victim and witness. Also interview those who were present before the accident and those who arrived at the site shortly after the accident. Keep accurate records of each interview. Use a tape recorder if desired and if approved.

Determine
a. What was not normal before the accident?
b. Where the abnormality occurred.
c. When it was first noted.
d. How it occurred.

Follow-up Accident Investigation
The follow-up investigation is used to analyze data and determine the causes and corrective actions necessary to prevent reoccurrence.

Steps
a. Analyze the data obtained in the initial investigation
b. Repeat any of the prior steps, if necessary.
c. Determine
   1. Why the accident occurred.
   2. A likely sequence of events and probable causes (direct, indirect, basic).
d. Determine the most likely causes.
e. Conduct a post-investigation briefing.
f. Prepare a summary report, including the recommended actions to prevent a recurrence.

An investigation is not complete until all data are analyzed and a final report is completed. In practice, the investigative work, data analysis, and report preparation proceed simultaneously over much of the time spent on the investigation.

**Conducting Interviews**

In general, experienced personnel should conduct interviews. All interviews should be conducted in a quite and private location. It is essential to get preliminary statements as soon as possible from all witnesses. Investigators should not provide any facts to the witness - only ask non-leading questions.

a. Explain the purpose of the investigation (accident prevention) and put each witness at ease.

b. Listen, let each witness speak freely, and be professional, courteous and considerate.

c. Take notes without distracting the witness. Use a tape recorder only with consent of the witness.

d. Use sketches and diagrams to help the witness.

e. Emphasize areas of direct observation. Label hearsay accordingly.

f. Do not argue with the witness.

g. Record the exact words used by the witness to describe each observation.

h. Identify each witness (name, address, occupation, years of experience, etc.).

**Accident Analysis**

Accidents represent problems that must be solved through investigations. Formal procedures are helpful in identifying and solving problems. This section discusses two of the most common procedures: Change Analysis and Job Safety Analysis.

**Change Analysis**

As its name implies, this technique emphasizes change. To solve a problem, an investigator must look for deviations from the norm. Consider all problems to result from some unanticipated change. Make an analysis of the change to determine its causes. Use the following steps in this method:
1. Define the problem (What happened?).
2. Establish the norm (What should have happened?).
3. Identify, locate, and describe the change (What, where, when, to what extent).
4. Specify what was and what was not affected.
5. Identify the distinctive features of the change.
6. List the possible causes.
7. Select the most likely causes.

**Investigation Report**

An accident investigation is not complete until a report is prepared and submitted to management. To be an effective tool, an accident report should be clear and concise. The purpose of the investigation is to prevent future accidents. The following outline has been found especially useful in developing the information to be included in the formal report:

1. Background Information
   a. Where and when the accident occurred
   b. Who and what were involved
   c. Operating personnel and other witnesses

2. Account of the Accident (What happened?)
   a. Sequence of events
   b. Extent of damage
   c. Accident type
   d. Agency or source (of energy or hazardous material)

3. Discussion (Analysis of the Accident - HOW; WHY)
   a. Direct causes (energy sources; hazardous materials)
   b. Indirect causes (unsafe acts and conditions)
   c. Basic causes (management policies; personal or environmental factors)

4. Recommendations (to prevent a recurrence) for immediate and long-range action to remedy:
   a. Basic causes
   b. Indirect causes
   c. Direct causes (such as reduced quantities or protective equipment or structures)
Possible Causes

Obvious accident causes are most probably symptoms of a "root cause" problem. Some examples of Unsafe Acts and Unsafe Conditions which may lead to accidents are:

Unsafe Acts
- Unauthorized operation of equipment
- Running - Horse Play Not following procedures By-passing safety devices
- Not using protective equipment
- Under influence of drugs or alcohol

Unsafe Conditions
- Ergonomic Hazards
- Environmental hazards
- Inadequate housekeeping
- Blocked walkways
- Improper or damaged PPE
- Inadequate machine guarding

Recommendations
As a result of the finding is there a need to make changes to:
- Employee training
- Work Stations Design
- Policies or procedures

Records
All accident reports will be maintained on file permanently. They shall receive timely review by upper management to ensure proper corrective actions have been taken. First Report of Injury and OSHA 300 Log entries will be made within 8 hours of notification of injuries or illnesses.
**Accident Investigation: Supervisor Guide**

It is extremely important that supervisors obtain all the relevant incident facts after a workplace injury has been reported to you by a worker. The information obtained from the situation establishes the factual basis of the incident. These facts will be needed to handle the case. All workers have been educated and should be reminded to report all injuries, no matter how slight, immediately. Several post hire forms have been signed that educate workers to report all incidents and accidents immediately. Therefore, if injuries are reported late it is a red flag for you and an indication of a need more information.

**Step One:** Take the worker to the designated occupational medical facility. Request a post accident drug screen be conducted.

**Step Two:** Have the worker who reported the injury complete the form that follows titled: **Employee Report of Workplace Injury.**

**Step Three:** Question the worker as follows:
1) How did this incident happen? Employee response: __________________________
________________________________________________________________________
________________________________________________________________________

2) Did anyone witness this event? __________If so, who?_______________________

3) Verify witness statement: _______________________________________________
________________________________________________________________________

**Step Four:** Go to the place of the alleged incident. Do circumstances support or dispute the details in the report? __________________________________________________
________________________________________________________________________

Was any safety rule(s) violated? ____________________________________________

Were any unsafe acts committed?___________________________________________

Were any unsafe conditions present?________________________________________

What are your thoughts about this incident? _________________________________
________________________________________________________________________

Supervisor: ________________________ Date: ___________ Time: ___________
**Accident Investigation: Employee Form**

Workers’ Name: ____________________________ Today’s date:________________
Position: __________________________ Date: ________ Time: __________ AM /PM
Work site/location of injury: __________________________________________

Explain nature of injury:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date first noticed: __________________________ Time of day: _________________

What were you doing?  ___________________________________________________

How did you feel then? __________________________________________________

______________________________________________________________________

How do you feel now? ___________________________________________________

______________________________________________________________________

Did you report the injury when it happened? _________ To Whom? _______________

If not, why did you not report the injury? _____________________________________

______________________________________________________________________

Who else witnessed the accident? _________________________________________

______________________________________________________________________

My signature below indicates that I have given this information and that it is true and accurate to the best of my knowledge and belief.

Employee’s Signature ______________________ Date ____________________
Accident Investigation: Supervisor Form

All accidents must be investigated to identify the root cause of the injury. The purpose of this Investigation is to gather relevant facts about the incident document all statements and prevent future accidents by correcting the unsafe conditions and training.

Date: ____________ Worker: _________________ Location:_____________________

Describe Event:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Body Part Injured:_________________ Medical Care Provided: __________________

Medical provider:_______________________________________________________

What corrective action was taken to correct the unsafe condition?
____________________________________________________________________
____________________________________________________________________

What is the root cause of this Injury? _______________________________________

Witness Statements:
1)witness:___________________states:_____________________________________
_____________________________________________________________________

2)witness:________________________states:_________________________________
_____________________________________________________________________

This complete document must be returned to the Safety Director.

This Accident Investigation was completed by: __________________________
# Near Miss - Incident Report

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<th>Near Miss:</th>
<th>Incident:</th>
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<th>Division:</th>
<th>Report Date:</th>
<th>Time:</th>
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<tr>
<th>Name:</th>
<th>Job Title:</th>
<th>SS# or Employee #:</th>
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<tr>
<th>Job Number:</th>
<th>Id# of Equipment:</th>
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<tr>
<th>Name or Description of Equipment:</th>
<th>Estimated Repair/Replacement Cost:</th>
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<tr>
<th>Description of Damage:</th>
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Describe How the Incident Occurred: (Use Diagram if necessary):

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<th>Describe Unsafe Acts:</th>
<th>Describe Unsafe Conditions:</th>
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Action To Be Taken:

Action Already Taken:

Completed By: | Date: | Reviewed By: |
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CC: Corporate Safety | Division Manager | File