TASB Risk Management Fund

TO BE COMPLETED BY SUPERVISOR

Accident Investigation Report

THIS INCIDENT is an ☐ **Injury** ☐ **Disease** ☐ **Fatality** ☐ **Near-miss**

Today's Date ______________________ Date Reported ______________________

District ______________________ Department ______________________

Supervisor ______________________ Phone No. ______________________

1. Name of person involved	2. Date and time of incident	3. Specific location of incident Was it on employer's premises? ☐ yes ☐ no
4.Employee's occupation	5. Job task at time of incident	6. Employee was working ☐ alone ☐ with fellow workers ☐ Other________________
7. Employment category ☐ Regular, full-time ☐ Temporary ☐ Regular, part-time ☐ Non-employee ☐ Seasonal	8. Experience in occupation at time of incident ☐ Less than 1 month ☐ 1 to 5 months ☐ 6 months to 1 year ☐ 1 to 5 years ☐ more than 5 years	9. Name of employee's immediate supervisor at time of incident Witnessed incident? ☐ yes ☐ no

10. Phase of employee's workday at time of injury

☐ During break period ☐ During meal period ☐ Working overtime

☐ Entering or leaving the building ☐ Performing work duties ☐ Other (explain below)

11. Severity	12. Other witnesses
☐ First Aid ☐ Medical Treatment ☐ Lost Work Days ☐ Fatality ☐ Other________________	________________________________ ________________________________

13. Part of body injured or affected

☐ Skull, Scalp	☐ Jaw	☐ Abdomen	☐ Shoulder	☐ Wrist	☐ Knee	☐ Foot
☐ Eye	☐ Neck	☐ Back	☐ Upper Arm	☐ Hand	☐ Thigh	☐ Toe
☐ Nose	☐ Spine	☐ Pelvis	☐ Elbow	☐ Finger	☐ Lower Leg	☐ Ankle
☐ Mouth	☐ Chest	☐ Ear	☐ Forearm	☐ Hip	☐ Other ________________	

14. Nature of injury or illness

☐ Puncture	☐ Bruise, Contusion	☐ Skin Disorder	☐ Amputation	☐ Muscle Sprain	☐ Cumulative Trauma Disorder
☐ Laceration	☐ Dislocation	☐ Burn	☐ Insect/Animal Bite	☐ Muscle Strain	☐ Irritation
☐ Fracture	☐ Abrasion	☐ Respiratory	☐ Foreign Body	☐ Hernia	☐ Infection
☐ Heat/Cold Stress	☐ Hearing Loss	☐ Chemical Exp.	☐ Other ________________		

15. What condition of tools, equipment, or work area contributed to incident? ☐ Not applicable

☐ Close clearance congestion	☐ Floors / Work surfaces	☐ Inadequate housekeeping	☐ Defective tools / equipment / vehicle
☐ Hazardous placement	☐ Inadequate ventilation	☐ Equipment failure	☐ Illumination
☐ Inadequate warning system	☐ Equipment / Workstation Design	☐ Inadequate guards / barriers	☐ Inadequate / improper P.P.E

16. What caused or influenced substandard conditions? ☐ No substandard conditions

☐ Abuse or misuse	☐ Inadequate supervision	☐ Inadequate purchasing	☐ Inadequate engineering
☐ Inadequate maintenance	☐ Inadequate tools / equipment / materials	☐ Improper work surfaces	☐ Wear and tear
☐ Lack of knowledge / training	☐ Improper motivation	☐ Inadequate capacity	☐ Lack of skill

17. What action or inaction contributed to the incident? ☐ Not applicable

☐ Failure to make secure	☐ Under influence drugs/alcohol	☐ Failure to warn/signal	☐ Inadequate/improper P.P.E use
☐ Nullified safety/control devices	☐ Used defective equipment	☐ Horseplay/distractive action	☐ Operating at improper speed
☐ Used equipment improperly	☐ Improper lifting	☐ Operating procedure deviation	☐ Running/rushing/acting in haste
☐ Improper loading	☐ Unauthorized actions	☐ Used wrong tool/equipment	☐ None
☐ Improper technique	☐ Improper position	☐ Servicing operating equipment	☐ Other________________

18. Probable recurrence	19. Loss severity potential
☐ Frequent ☐ Occasional ☐ Rare	☐ Major ☐ Serious ☐ Minor

20. Preventive measures: what corrective actions have been taken or are planned to prevent a recurrence?

☐ Improve enforcement	☐ Improve clean-up procedures	☐ Repair/replace equipment	☐ Corrective counseling
☐ Improve storage/arrangement	☐ Rotation of employee	☐ Eliminate congestion	☐ Improve/change work method
☐ Identify/improve P.P.E	☐ Install/revise guards/devices	☐ Task analysis	☐ Procedure revision
☐ Improve design/construction	☐ Job reassignment of employee	☐ Use other materials/supplies	☐ Improve illumination
☐ Mandatory pre-job instruction	☐ Improve ventilation	☐ Reinstruction of employee	☐ Other________________

21. Supervisor's description of incident (attach sheet for additional comments) ☐ Comment sheet attached

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22. Specific corrective actions or preventive measures taken

Corrective Action Taken	Person Responsible	Target Date	Date Completed

________________ ________________ ________________ ________________

Supervisor's Signature   Date   Risk Manager's Signature   Date

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