

HIGHWAY

AIRPORT

FLEET



**ACCIDENT INFORMATION**

PERSON INVOLVED:  TITLE:

DATE OF ACCIDENT:  TIME OF ACCIDENT:   A.M.  P.M.  FT  PT  TA

HOW LONG HAS THE EMPLOYEE BEEN ON THE JOB?  DAYS  MONTHS  YEARS

SUPERVISOR:  SUPERVISOR'S PHONE NUMBER:

LOCATION OF ACCIDENT:

**ACCIDENT DESCRIPTION**

DESCRIBE THE ACCIDENT

CAUSAL FACTORS / UNSAFE ACTS		WEATHER CONDITIONS		EQUIPMENT USED	
ALTERCATION (INMATE OR PATIENT)		HOT			
BYPASSING SAFETY DEVICES		COLD			
DEFECTIVE EQUIPMENT		SUNNY			
EQUIPMENT FAILURE		CLOUDY			
ERGONOMIC/REPETITIVE MOTION		FOGGY			
ERGONOMIC/WORKSTATION DESIGN		RAINING			
FAILURE TO WARN/SECURE		SNOWING			
HORSEPLAY		ICY			
HOUSEKEEPING/MAINTENANCE		OTHER			
IMPROPER WORK TECHNIQUE					
IMPROPER BODY MECHANICS/LIFTING					
INADEQUATE GUARDING OF EQUIPMENT					
INSUFFICIENT LIGHTING					
OPERATING AT IMPROPER SPEEDS					
SERVICING MACHINE IN MOTION					
SUPERVISION FACTORS					
OTHER					

  

WAS THERE LAG TIME ON THE REPORTING THE FIRST REPORT OF INJURY?	
YES	NO

  

IF YES, PLEASE PROVIDE AMOUNT OF LAG:	

  

CONDITION	
GOOD	
ADEQUATE	
POOR	

  

WAS PROPER PPE INSTALLED/USED?	
YES	NO

  

WAS THE LAG TIME A RESULT OF:	
EMPLOYEE	SUPERVISOR

  

WHAT WAS THE REASON FOR THE LAG:	

**SAFETY ACTION ITEMS**

SAFETY ACTION ITEMS	
TASK ANALYSIS / PROCEDURE REVISION	
REINSTRUCTION OF EMPLOYEE	
ELIMINATE CONGESTION	
IMPROVE DESIGN / CONSTRUCTIONS	
IMPROVE LIGHTING / ILLUMINATION	
IMPROVE CLEAN UP / MAINTENANCE	
IMPROVE STORAGE / ARRANGEMENT	
IMPROVE / CHANGE WORK METHOD	
INSTALL / REVISE GUARDS / DEVICES	
JOB REASSIGNMENT OF EMPLOYEE	
MANDATORY PRE-JOB INSTRUCTIONS	
REPAIR / REPLACE EQUIPMENT	
IDENTIFY / IMPROVE PPE	
IMPROVE ENFORCEMENT	
USE OTHER MATERIALS / SUPPLIES	
IMPROVE SUPERVISION	
OTHER	

  

SAFETY ACTION ITEMS			
ACTION ITEM	PERSON RESPONSIBLE	TARGET DATE	DATE COMPLETED

  

INVESTIGATION REVIEW			
	INITIAL	REVIEW DATE	COMMENTS
SUPERVISOR			
MANAGER			