

# S.T.E.P. UP TO A SAFER WORKPLACE

## Accident Investigation Form

After reporting your injury claim to ICW Group (as applicable), complete this form for your accident investigation records.

<b>Report completed by</b>	<input type="text"/>	<b>ID #</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Department</b>	<input type="text"/>		
<b>Report type</b>	<input type="radio"/> Death <input type="radio"/> Lost time <input type="radio"/> Dr visit <input type="radio"/> First aid <input type="radio"/> Near miss <input type="radio"/> Employee <input type="radio"/> Supervisor <input type="radio"/> Safety committee <input type="radio"/> Safety manager <input type="radio"/> Other		

### Step 1: Injured employee (complete this part for each injured employee)

**Employee name**

**Date of birth**

**Gender**  Female     Male     Non-disclosed

**Job title**

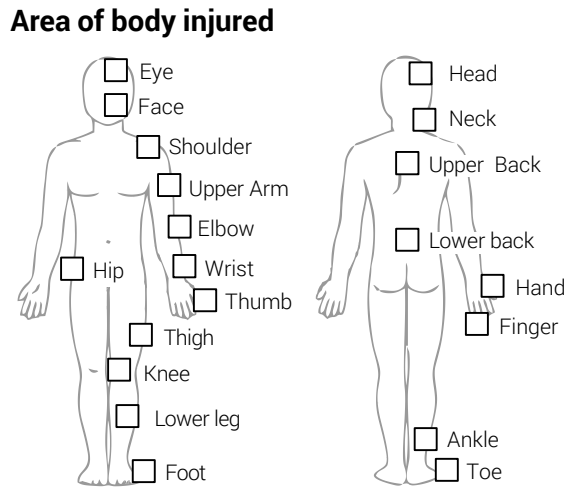
**Department**

**Original hire date**

**Time in current job**

**Shift hours** Start  End

**Job category**  Full time     Part time  
 Seasonal     Temporary



**Injury description**

### Step 2: Incident description

**Location occurred**

**Incident Date/Time**     **Time reported**

**Part of workday**  Regular time     Overtime     Other (describe)  
 Entering work     Leaving work  
 On lunch/meal     On break

**PPE worn at time of incident**

<input type="checkbox"/> Safety glasses	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Steel toe shoes	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Safety goggles	<input type="checkbox"/> Bump cap	<input type="checkbox"/> Slip resistance	
<input type="checkbox"/> Face shield	<input type="checkbox"/> Respirator	<input type="checkbox"/> Fall protection	
<input type="checkbox"/> Sound protection	<input type="checkbox"/> Welding hood	<input type="checkbox"/> Gloves	

**Equipment involved**

### Step 3: Conduct Investigation – Also see “Root Cause Investigation Form”

#### Unsafe workplace

- Inadequate guarding
- Unguarded equipment
- Defective safety device
- Defective equipment
- Unsafe workstation layout
- Unsafe lighting
- Inadequate ventilation
- Lack of needed PPE
- Lack of equipment / supplies
- Unsafe clothing
- Poor equipment maintenance

#### Unsafe behavior

- Used without permission
- Used excessive speed
- Serviced energized equipment
- Made safety device inoperable
- Used defective equipment
- Used equipment improperly
- Lifted unsafely
- Removed guarding
- Unsafe posture
- Distracted, horseplay
- Failed to wear required PPE

#### Organizational causes

- Ineffective training
- Lack of supervision
- Deficient procedures
- Lack of applying procedures
- Inadequate communication
- Poor hazard assessment
- Inadequate hiring practices
- Lack of accountability
- Inadequate motivation
- Failed to provide proper tools
- Failed to correct known issues

#### Other unsafe issues

#### Why did unsafe issue exist?

Was the unsafe issue reported prior to incident?  Yes  No

Have there been similar incidents to this one?  Yes  No

Detail the events that led up to the injury. Include machines, parts, tools, materials, etc.

### Step 4: Preventing future incidents

#### What changes do you suggest to prevent this incident/near miss from happening again?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Guard the hazard            | <input type="checkbox"/> Engage workers in safety       | <input type="checkbox"/> Train supervisor        |
| <input type="checkbox"/> Redesign workstation layout | <input type="checkbox"/> Provide training               | <input type="checkbox"/> Enforce existing policy |
| <input type="checkbox"/> Provide appropriate PPE     | <input type="checkbox"/> Supply reminder signage        | <input type="checkbox"/> Develop new policy      |
| <input type="checkbox"/> Perform maintenance         | <input type="checkbox"/> Initiate safety communications | <input type="checkbox"/> Increase supervision    |
| <input type="checkbox"/> Other (describe)            | <input type="text"/>                                    |  |

#### Plan to carry out suggestions checked above

### Step 5: Witness accounts

**Attached**  Written witness statements  
 Maps or drawings

Other (describe)

#### Witness 1 information

Name   
Phone   
Job title   
Department

#### Witness 2 information

Name   
Phone   
Job title   
Department

### Step 6: Investigators and reviewer

**Investigator names**

**Reviewed by**

**Title**

**Department**

**Date**

**Additional comments / actions**