

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

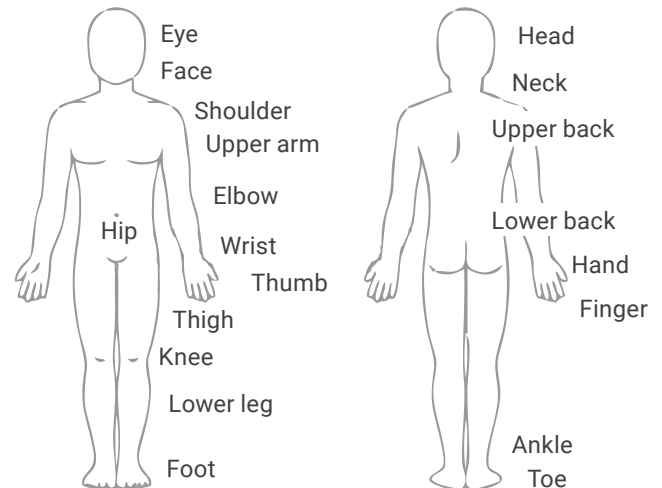
Report completed by _____ ID# _____
 Title _____ Date _____
 Department _____

Report type	Death	Lost time	Doctor visit	First aid	Near miss
	Employee	Supervisor	Safety committee	Safety manager	Other

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

Employee name _____
 Date of birth _____
 Gender Male Female 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 _____

Area of body injured



Step 2: Incident description

Location occurred _____
 Incident date/time _____ Time reported _____
 Part of workday Regular time Overtime Entering work Leaving work
 On lunch/meal On break Other (describe) _____

PPE worn at time of incident

Safety glasses	Safety goggles	Face shield	Sound protection	Hard hat
Bump cap	Respirator	Welding hood	Steel toe shoes	Slip resistance
Fall protection	Gloves	Other (describe) _____		

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?

- | | | | |
|--------------------------|-----------------------------|-------------------------|--------------------------------|
| Guard the hazard | Redesign workstation layout | Provide appropriate PPE | Perform maintenance |
| Engage workers in safety | Provide training | Supply reminder signage | Initiate safety communications |
| Train supervisor | Enforce existing policy | Develop new policy | Increase supervision |
| Other (describe) _____ | | | |

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