



Alabama Self-Insured
Worker's Compensation Fund

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Technical Resource Guide

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Accident Investigation and Loss Analysis

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Accident Investigation and Loss Analysis

The primary purpose of an accident investigation is to determine the root cause of the accident so that action can be taken to prevent reoccurrence. Whether the cause of the accident is an unsafe act, an unsafe condition or a combination of the two, it is management's responsibility to investigate and initiate corrective action.

A secondary purpose of an accident investigation is to document the facts in the event of litigation. From this standpoint, documentation is [critical. ie.](#) accident investigation form, photographs, signed and dated employee statement, etc.

When developing an accident investigation policy and procedure, several factors should be considered. This includes:

- Who should complete the accident investigation?
- How will the accident investigation be documented?
- Submission of recommendations to prevent reoccurrence.
- Report routing procedures.
- Recommendation follow up procedures.
- The need for a signed and dated employee statement.

Exhibit 1.0 is a sample Accident Investigation Policy and Procedure and Exhibit 2.0 is a sample Accident Investigation Form. When completing an accident investigation, it can be easy to get distracted. Keep in mind the purpose of the accident investigation is to be fact finding not fault finding. Exhibit 3.0 are basic guidelines for conducting an accident investigation.

A loss analysis is a statistical or graphic illustration of a company's loss experience. In this case it would be an analysis of worker's compensation claims. It is used to help identify trends in the loss experience so that safety efforts and resources can be focused on the trends noted. A loss analysis should be completed periodically based on the overall frequency of claims being generated. For example, a company with only two or three claims per year would not be expected to complete a loss analysis as often or as detailed as a company with twenty or more injuries per year. A loss analysis can be completed using data from insurance loss runs, the OSHA 300 Log, accident investigations, etc. A loss analysis sorted by cause code, nature code, part code, body zone, location, and month is available through the Technical Resource Department of Employer's Claim Management.

Accident Investigation Policy

Purpose:

Primary purpose of an accident investigation will be to identify factors contributing to the cause of the accident and, if appropriate, to take the action necessary to prevent reoccurrence. In order to do so, a specific procedure must be established regarding information gathering and documentation. For this reason, the following accident investigation procedure has been established.

Procedure:

Whenever an injury is reported to a supervisor or member of management, the Workers' Compensation Coordinator will be notified immediately.

After the Workers' Compensation Coordinator has been notified, an accident investigation should be conducted by the department manager / supervisor. The primary purpose of the accident investigation is to determine the cause of injury so that corrective action can be taken to prevent reoccurrence. It is the Workers' Compensation Coordinator's responsibility to see that the accident investigation is completed within 24 hours of the injury being reported and that a copy of the accident investigation has been obtained for filing purposes.

All accident investigations will be documented by completing the appropriate Accident Investigation Form. See Exhibit 1.0

Completed Accident Investigation Forms will be delivered to the Safety Director for his/her information, consideration and review.

If the Safety Director is not satisfied with the Accident Investigation Form, it will be returned to the department manager/ supervisor for proper completion. At this point, the safety director may choose to assist the manager /supervisor in completing the Accident Investigation Form.

Personnel completing the Accident Investigation Form will submit recommendations if appropriate.

All submitted recommendations will be considered by the Safety Director.

Follow up action in regards to the submitted recommendation(s) will be the responsibility of the Safety Director.

The Workers' Compensation Coordinator will be responsible for maintaining a copy of the completed Accident Investigation Form on file for review purposes.

Note: The employer's First Report of Injury Form is a state required form and will not take the place of the Accident Investigation Form described above. Both forms must be completed in conjunction with an employee injury.

ACCIDENT INVESTIGATION FORM

Name of Injured Employee _____ SSN _____

Age _____ Sex _____ Years of Service _____ Time at Present Job _____

Occupation _____ Department _____ Supervisor _____ Shift _____

| | |
|---|--|
| I. Date of Injury _____ Time _____ Date Reported _____ | |
| Dept. Where Injured _____ Exact Location _____ Body Part Injured _____ Type of Injury _____ | |
| Describe accident, include machine, object or substance involved. Use additional paper if necessary: _____ _____ _____ _____ | |
| Witnesses _____ | |
| II. First Aid Only: Yes [] No [] Doctor Visit Required: Yes [] No [] | |
| Medical Provider Utilized: _____ | |
| III. Unsafe Acts: Yes [] No [] | Unsafe Conditions: Yes [] No [] |
| Description: _____ _____ _____ | Description: _____ _____ _____ |
| Why was unsafe act committed? _____ _____ | Why did unsafe condition exist? _____ _____ |
| IV. Based on the information provided above (unsafe acts/unsafe conditions) what actions have been taken or recommended to management to prevent reoccurrence? _____ _____ _____ _____ | |
| V. | |
| Investigated By: _____ | Title/Dept. _____ Date: _____ |
| VI. Safety Director's Comments: _____ _____ _____ | |
| Follow-Up Action Taken: _____ _____ _____ | |

Immediate Supervisor Date: _____ Safety Director Date: _____ Plant Manager Date: _____

- I. Date of Injury : Indicate the date the injury was incurred.
 Time : Indicate the time of day the injury was incurred.
 Date Reported : Indicate the date the injury was reported to management.
 Exact Location : Give the exact location in the work area where the injury/accident occurred.
 Body Part Injured : Indicate the body part that was injured in the accident. Examples include but are not limited to, toes, feet, ankles, legs, knees, buttock, torso, shoulder, arm, elbow, hand, finger, neck, back, head, face.
 Type of Injury : Describe the type of injury received. Examples include, but are not limited to, sprains, strains, cuts/laceration, fractures contusions, amputations, burns.
 Describe accident, include machine, object or substance involved : Provide a short description of the accident according to information received as a result of conducting an accident investigation, interviews with the injured employee, witnesses, etc.
 Witness : List any witnesses to the accident/injury
 First Aid Only : Check "yes" or "no" as appropriate.
 Doctor Visit Required : Check "yes" or "no" as appropriate.

III. Unsafe Acts:

Unsafe acts are typically characterized by a deviation from standard job procedures and/or direct violation of company safety rules/regulations. Examples include, but are not limited to:

- Operating tools/equipment without authority.
- Operating tools/equipment at unsafe speeds.
- Making safety devices inoperative.
- Using unsafe equipment/tools.
- Using equipment/tools unsafely.
- Unsafe loading/material handling.
- Taking unsafe position/posture.
- No observing company lockout/tagout procedures.
- Horseplay.
- Failure to use personal protective equipment.

Unsafe Conditions:

Unsafe conditions are typically characterized by the physical status of tools, equipment or work environment that increases the likelihood of an accident occurring. Examples include, but are not limited to:

- Inadequate guarding.
- Defective tools/equipment.
- Hazardous arrangement of tools, equipment, work environment.
- Unsafe illumination.
- Unsafe clothing.
- Unsafe ventilation.

IV. Based on information provided above (unsafe acts/unsafe conditions) what action has been taken or recommended to management to prevent re occurrence:

- Provide your opinion as to what could be done to prevent similar type injuries.

- V. Investigated By : Name of the person completing the Accident Investigation Form.
 Title/Department : Title and Department of the person completing the Accident Investigation Form.
 Date: : Date the Accident Investigation Form was completed.

VI. Safety Director's Comments:

- Provide general statements relative to the injury incurred, accident investigation, causes, recommendations, etc. If appropriate, provide additional recommendations and/or actions that could be taken to prevent reoccurrence of similar type injuries.

Follow-up Action:

- Description of actions taken to see that recommendations designed to prevent reoccurrence have been completed within a reasonable time period.

REMEMBER: An accident Investigation is FACT finding, not FAULT finding

1. Show concern for the employee's injury, no matter how minor.
2. Explain why the accident investigation is necessary.
3. Use a friendly approach.
4. If possible, discuss the accident at the scene.
5. Get the injured employee's story before asking questions.
6. Check your understanding of the story.
7. Listen carefully. Avoid interruptions.
8. Use tact in clearing up discrepancies in the employee's story.
9. Avoid sarcasm, blame, and threats.
10. Discuss ways to prevent recurrence of the accident.