

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 []

Description: _____

Why was unsafe act committed? _____

Unsafe Conditions: Yes [] No []

Description: _____

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 recurrence?

V.

Investigated By: _____ Title/Dept. _____ Date: _____

VI. Director's Comments: _____

Follow-Up Action Taken: _____

_____ Date: _____ _____ Date: _____ _____ Date: _____

Immediate Supervisor Director of Golf / Maintenance Safety Director

- 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
 Be specific with this description. Indicate left or right, etc. You are not limited to the body parts listed.
 Type of Injury : Describe the type of injury received. Examples include, but are not limited to, sprains, strains, cuts/laceration, fractures contusions, amputations, burns
 Be specific with this description. You are not limited to the types of injuries listed.
 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.
- II. 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 reoccurrence:

- 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. 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.