

**A POLICY TO DO MORE®**



## VII. ACCIDENT/INJURY INVESTIGATION

## ACCIDENT/INJURY INVESTIGATION

An important part of the reporting process is accident/injury investigation. This section contains a guide for investigating accidents/injuries effectively and efficiently.

When an employee experiences an accident, no matter how minor, the company is being told that something in the Loss Control Program is weak and initiative must be taken to correct this weakness before a serious accident occurs.

### What Is An Accident?

An accident is an *unplanned* (nobody wants to get hurt); *uncontrolled* (once you've had the accident, there is not much you can do to control the end results); and *unexpected* (if you expected to get hurt doing something, you wouldn't do it) event that causes damage, injury, waste or inefficiency.

### Why Investigate Accidents?

We investigate accidents to find the cause, not to fix the blame. If we know what really caused or contributed to causing the accident, we may be able to prevent it from happening again. Also, if the injured person knows he or she caused or contributed to causing the accident, then they probably won't do the same thing again.

## **SUPERVISOR'S GUIDE TO ACCIDENT INVESTIGATION**

The following steps should be used as a guide in the accident investigation and correction process.

1. The immediate supervisor should investigate the accident to determine cause.
2. The investigation should be completed as soon as possible after the accident. The time element is important because accident facts are still fresh in any witness' mind and physical evidence is still in place.
3. Once the cause of the accident is determined, then the supervisor must take the necessary action to prevent this type of accident from occurring again.
4. The accident investigation and corrective action taken should be reported to management in a timely manner.
5. Management should review each accident in a timely manner to ensure:
  - a. The accident was properly reported and investigated.
  - b. The true cause(s) were identified.
  - c. Appropriate corrective action was taken to prevent the recurrence of a similar type accident.
6. The results of the accident investigation should be reviewed by the company's Safety Committee.
7. The completed accident investigation forms should be:
  - a. Sent to FHM;
  - b. Photocopied and placed in the employer's file; and
  - c. Used by the Safety Coordinator at the next Safety Meeting as a training tool to help prevent future accidents of the same type.

## COMPLETING THE SUPERVISOR'S ACCIDENT INVESTIGATION FORM

When completing the Supervisor's Accident Investigation form, keep the following in mind:

**1. How did the accident occur? Where and how did the employee get hurt? Get all the facts.**

Describe the accident in detail; don't leave anything out. You have to ask a lot of questions – even some you might think are unnecessary. A good tip is to ask 5 or 6 more questions than you think necessary. Be sure you have all the facts before continuing.

**2. Was the accident the result of some physical hazard? What went wrong? And why?**

Was it an unsafe condition (physical hazard) such as improperly guarded, defective, misused, missing equipment; a housekeeping issue, improper illumination, improper ventilation; unsafe design; unsafe dress; unsafe hazardous materials arrangement?

Are there conditions likely to cause any of the following types of accidents: Caught in or between – pinch points; fall to same or lower level; an abrasion, laceration, or puncture wound; a sprain or strain; struck by or against – falling, moving, sliding, flying objects; a contact – electrical conductor, a caustic or acid, radioactive particle, hot objects, fire, dust, vapor gases.

**If it was one of these – why?**

**3. Was the accident the result of unsafe acts? Would a cautious or well-trained person have done the same thing under the same circumstances? If no, why?**

Was it an unsafe act, such as: operating without authority; operating or working at unsafe speed; making safety devices inoperative; using unsafe equipment or not using equipment safely; unsafe loading – mixing, piling, etc.; unsafe position or posture – working on moving machinery; horseplay, distracting, etc.; failure to warn; other?

**If it was one of these – why was it? Did someone else contribute to the accident?**

**4. What do you recommend we do to keep this accident from happening again?**

If one employee did it, what will keep the others from doing it? If it happened to one, will it happen to others?

Use the sample questions on the next two pages to help get to the true facts about accidents.

## ACCIDENT INVESTIGATION – THE SIX KEY QUESTIONS

- WHO**
1. Who was injured? Who saw the accident?
  2. Who was working with him/her?
  3. Who had instructed/assigned him/her? Who else was involved?
  4. Who else can help prevent recurrence?

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- WHAT**
1. What was the accident?
  2. What was the injury?
  3. What was he/she doing?
  4. What had he/she been told to do?
  5. What tools was he/she using?
  6. What machine was involved?
  7. What operations was he/she performing?
  8. What instructions had he/she been given?
  9. What specific precautions were necessary?
  10. What specific precautions was he/she given? Did he/she use?
  11. What protective equipment was he/she using?
  12. What had other persons done that contributed to the accident?
  13. What problem or question did he/she encounter?
  14. What did he/she or witnesses do when accident occurred?
  15. What extenuating circumstances were involved?
  16. What did he/she or witnesses see?
  17. What will be done to prevent recurrence?
  18. What safety rules were violated?
  19. What new rules are needed?

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- WHEN**
1. When did the accident occur?
  2. When did he/she start on that job?
  3. When was he/she assigned to the job?
  4. When were the hazards pointed out to him/her?
  5. When had his/her supervisor last checked on job progress?
  6. When did he/she first sense something was wrong?
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**WHY**

1. Why was he/she injured?
2. Why did he/she do what he/she did?
3. Why did the other person do what he/she did?
4. Why wasn't protective equipment used?
5. Why weren't specific instructions given to him/her?
6. Why was he/she in the position he/she was?
7. Why was he/she using the tools or machine he/she used?
8. Why didn't he/she check with his/her supervisor when he/she noted things weren't as they should be?
9. Why did he/she continue working under the circumstances?
10. Why wasn't supervisor there at the time?

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**WHERE**

1. Where did the accident occur?
2. Where was he/she at the time?
3. Where was the supervisor at the time?
4. Where were co-workers at the time?
5. Where were other people who were involved at the time?
6. Where were witnesses when accident occurred?

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**HOW**

1. How did he/she get hurt?
2. How could he/she have avoided it?
3. How could co-workers have avoided it?
4. Could supervisor have prevented it? How?

## FORMS LIST

- Supervisor's Accident Investigation
- Accident Investigation Report Employee Description

## SUPERVISOR'S ACCIDENT INVESTIGATION

**NOTE TO SUPERVISOR:**

Remember, an accident investigation is not designed to find fault or blame. It is an analysis to determine cause that can be controlled or eliminated.

When completing the investigation, try to answer these questions.

- How did the accident occur?
- Where did it happen?
- What materials, machines, equipment or conditions were involved?
- Who was injured?
- When did it happen?

**MAKE RECOMMENDATIONS!**

No investigation is complete unless corrective action is suggested.

**FOLLOW-UP**

Determine what action is being taken on your recommendations.

DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
EMPLOYEE INVOLVED	AGE	
POSITION	DATE EMPLOYED	
SUPERVISOR	DEPARTMENT	
HOW LONG WAS EMPLOYEE PERFORMING THIS OPERATION?		
WAS THE EMPLOYEE INSTRUCTED?	DID THE ACCIDENT RESULT IN AN INJURY?	
NATURE AND EXTENT OF INJURY		
DATE INJURY REPORTED	WAS FIRST AID GIVEN?	
IF SO, WHEN AND BY WHOM?		
HOW DID THE ACCIDENT OCCUR?		
CAUSE OF ACCIDENT		
RECOMMENDATIONS TO PREVENT A RECURRENCE		
WHAT ACTION HAS BEEN TAKEN?		
SIGNED	DEPARTMENT	DATE

**SAFETY OFFICIAL OR COMMITTEE COMMENTS**

**EXECUTIVE**

RECOMMENDATIONS	
SIGNED	DATE

SPECIAL ORDERS	
SIGNED	DATE

## ACCIDENT INVESTIGATION REPORT EMPLOYEE DESCRIPTION

<b>NAME</b>		<b>DEPARTMENT</b>		<b>DATE</b>
<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<b>OCCUPATION</b>		<b>SUPERVISOR</b>
<b>DATE OF INJURY</b>	<b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>DATE FIRST REPORTED</b>	<b>TIME</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	
<b>NATURE OF INJURY</b>				
<b>PART OF THE BODY</b>				
<b>LOCATION OF ACCIDENT</b>				
<b>INJURED'S DESCRIPTION OF ACCIDENT</b>				

I do \_\_\_\_ do not \_\_\_\_ feel that this injury will result in lost time from work. Please read the following paragraph:

If an injury requires lost time from work or you need to be seen by a physician, you must clear this with your supervisor. For all medical treatment, other than an emergency, a Medical Authorization for Treatment form must be picked-up from: \_\_\_\_\_

and presented to the approved treating facility. A failure to present this form at the treating facility means the company has not authorized the treatment and our insurance will not pay. Please sign below to indicate you have read the above and understand its meaning in full.

Signed: \_\_\_\_\_  
Employee
Witness

Employee Sent:         Back to Work     Doctor     Hospital     Home

Have employees complete this report as well as the First Report of Injury.

Supervisor's Investigation on the reverse must be completed within 24 hours after notification of accident.