

Accident Investigation Sample Form

EMPLOYEE NAME		JOB POSITION / TITLE	
JOB ASSIGNMENT	LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT AT CURRENT JOB	
DEPARTMENT	LOCATION OF INCIDENT		
DATE AND TIME OF ACCIDENT	DATE AND TIME OF INVESTIGATION	WITNESSES?	
TYPE OF INCIDENT			
FIRST AID	MEDICAL	NEAR MISS (NO INJURY)	LOST TIME OR RESTRICTED ACTIVITY
ANALYSIS OF FACTS AND CAUSES			
JSA REVIEWED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY NOT?			
WORK BEING PERFORMED AT TIME OF ACCIDENT (MACHINE / OPERATION, IF APPLICABLE)			
LIST BEHAVIORAL FACTORS OR PHYSICAL HAZARDS:			
1.			
2.			
3.			
4.			
5.			
CORRECTIVE ACTION			
INJURED EMPLOYEE RECOMMENDATIONS			
SUPERVISOR RECOMMENDATIONS			
WHAT <u>IMMEDIATE</u> ACTION HAVE YOU TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT?			
DATE COMPLETED	SUPERVISOR SIGNATURE	EXTENSION	
FOLLOW UP ACTIVITY TO ELIMINATE ROOT CAUSES			
ACTION ITEM	RESPONSIBILITY	TARGET DATE	DATE COMPLETED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
ACTION:			
SATISFACTORY	UNSATISFACTORY	IF UNSATISFACTORY, WHY?	
PREPARED BY: SUPERVISOR	REVIEWED BY: DEPT. MGR.	SAFETY MGR.	HR MGR.

IMPORTANT! To save a copy of this form once filled in, you must choose File/Save As from the top menu bar, give it a unique name and save a copy to your computer. You may also print out a completed copy by clicking on the Print Form button.

For more information, visit our Web site at travelers.com/riskcontrol, contact your Risk Control consultant or email Ask-Risk-Control@travelers.com.



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