

WHAT WAS THE CAUSE OR UNSAFE CONDITION THAT CAUSED THE ACCIDENT TO OCCUR?

LIST ALL SAFETY EQUIPMENT OR PRECAUTIONARY MEASURES BEING USED AT TIME OF THE ACCIDENT.

NATURE OF INJURY OR PART OF BODY AFFECTED. FORMAL DIAGNOSIS IS NOT REQUIRED, BUT BE SPECIFIC (Example: bruised left forearm, sprained right ankle)

EMPLOYEE'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY SUPERVISOR:

Yes **No**

Did this accident occur during the course of the employee's normal job? ___ ___

Is this the first accident/illness reported by this individual? ___ ___

Is the operation or job detailed by written instructions? ___ ___

Has this individual received formal training or instruction on this operation? ___ ___

Was the individual performing the job as instructed or trained? ___ ___

Is safety equipment or clothing equipment required to perform this operation? ___ ___

Was this equipment or clothing being used when the incident occurred? ___ ___

Did this individual appear to be physically capable to perform this job? ___ ___

Is this operation/job safe when performed using the proper equipment/tools? ___ ___

Were the specified equipment/tools being used when the incident occurred? ___ ___

Are the tools suited to the assignment? ___ ___

Was this accident due to faulty equipment or machinery? ___ ___

Was this accident due to poor housekeeping? ___ ___

If an unsafe condition had been previously reported, was it corrected? ___ ___

PLEASE PROVIDE A DETAILED EXPLANATION FOR ANY QUESTION ANSWERED NO.

HOW COULD THIS ACCIDENT HAVE BEEN PREVENTED?

WAS THERE ANY DISCIPLINARY ACTION TAKEN? ___YES (please explain) ___NO

CORRECTIVE ACTION AND RECOMMENDATION:

SUPERVISOR'S SIGNATURE: _____

DIVISION DIRECTOR'S SIGNATURE: _____

DIRECTOR'S SIGNATURE: _____

DATE: _____