

MANAGER'S ACCIDENT INVESTIGATION FORM

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 station did this occur?
- ✓ Who was injured?
- ✓ When did it happen?

RECOMMEND CHANGES:

No investigation is complete unless corrective action is suggested.

FOLLOW-UP:

Determine what action is being taken on your recommended changes.

DATE		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	
EMPLOYEE INVOLVED		AGE	
POSITION		DATE EMPLOYED	
MANAGER ON DUTY		HAS THIS INCIDENT BEEN REFERRED TO THE SAFETY COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW LONG HAS THE EMPLOYEE BEEN DOING THIS TASK?		WAS THE TASK: <input type="checkbox"/> ROUTINE <input type="checkbox"/> INFREQUENT <input type="checkbox"/> NEW EXPERIENCE	
HAS THE EMPLOYEE HAD THE PROPER TRAINING?		WERE THERE WITNESSES? IF SO, ATTACH STATEMENT	
DID THE ACCIDENT RESULT IN INJURY?		HAVE SECURITY RECORDINGS BEEN RETAINED?	
NATURE AND EXTENT OF INJURY?			
DATE INJURY REPORTED?		WAS FIRST AID GIVEN?	
HOW DID THE ACCIDENT OCCUR?			
PRIMARY CAUSE OF ACCIDENT?			
RECOMMENDATIONS TO PREVENT RECURRENCE			
NAME OF PERSON RESPONSIBLE FOR CORRECTIVE ACTION			
WHAT ACTION HAS BEEN TAKEN?			
SIGNED		DATE	

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Accident Additional Statements

**Please use this form to gather additional written statements
from the claimant about the accident as well as any additional witnesses**

CLAIMANT STATEMENT

(Please explain in detail how the accident occurred? What are your complaints/injuries?)

Name: _____

Signature _____ Date _____

I confirmed this information is accurate and true.

WITNESS STATEMENT

(What did you see, what do you remember? Were there any additional witnesses? What did the injured worker tell you?)

Name: _____

Signature _____ Date _____

I confirmed this information is accurate and true.

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