

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

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.

Disclaimer

This information is offered as an informational resource to Owner/Operators (O/O). O/Os are exclusively responsible for complying with all statutes, laws, and regulations applicable to their restaurant(s). For any legal issues affecting their business, O/Os should consult their own legal counsel. This communication is informational only and should not be construed as legal advice or as establishing requirements applicable to any O/O. O/Os are independent employers and make their own policies regarding employment-related matters, including policies and practices relating to providing orientation to their employees. O/Os may choose to use these materials to the extent that they will be helpful to them in operating their own McDonald's restaurant(s). If you work for an O/O, please check with your O/Os, or the person designated by your O/O, to determine whether these materials apply to your restaurant.

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