



Accident Investigation Form

THIS FORM IS NOT TO BE COMPLETED BY THE INJURED EMPLOYEE

Injured Employee: _____ Date Reported: ____/____/____

Date of Injury: ____/____/____ Location/Site: _____

Time of Injury: ____:____ AM ____:____ PM Job Title: _____

Location: (i.e. room#, cafeteria, parking lot, etc.)

How did the injury occur?

Part of body injured: (i.e. r-foot, r-side of head, l-knee, lower back, etc.)

Witnesses Names: _____ / _____

Check here if statements were obtained Early Intervention Nurse called: Yes No

Form completed by: _____ Job Title: _____

THE BELOW IS TO BE COMPLETED BY THE RISK MANAGEMENT DEPARTMENT

Investigation completed by: _____

Job Title: _____ Date: ____/____/____

What corrective actions were taken?

Comments: _____

Received by:

Risk Management : ____/____/____ Human Resources : ____/____/____

QUICK REFERENCE GUIDE

HOW TO INVESTIGATE AN ACCIDENT

This quick reference guide is designed for Administrators, Directors, and Supervisors to use while investigating work-related injuries and illnesses. Remember, prior to investigating an accident, employees should be trained to report injuries to their Supervisors no matter how minor they may be. “**Near-accidents**” should also be reported and investigated by the Supervisors, and their findings submitted to the Risk Management and Human Resources Departments.

Please follow these 4 steps when investigating work-related injuries or illnesses:

STEP 1:

Direct the injured employee to call the Early Intervention Nurse (EIN) at 1-877-742-3467.

STEP 2:

- A. Act at once. When possible, talk with the injured employee immediately. One-on-one communication is best. When completing the **Accident Investigation** form use a fact-finding approach and avoid faultfinding questions in determining what occurred.
- B. Describe the scene of the incident: including the lighting, walking surface, weather, measurements and any other conditions(s) that could have contributed to the accident. Determine what necessary preventative measures are needed to prevent similar accidents in the future. Report any defective equipment to the Risk Management Department.
- C. Non-injury accidents (an accident that nearly caused an injury of any severity) should also be investigated and reported.

STEP 3:

Complete the **Accident Investigation** form within 24 hours of the accident, retain a copy for your records, and fax or email it to Greg Rash located at the District Office.

STEP 4:

All work-related injuries or illnesses requiring medical treatment must be reported to René Wells or Pang Yang in the Human Resources Department.