

## Instructions for Completing Accident Report

Please print or type all information. Complete the report in as much detail as possible.

### A. General Information

**1-11** Fill in all the information requested. Do not leave any blank spaces.

### B. Description of Injury/Illness

**12-14** See the following lists for categories. Be as specific as possible.

TYPE OF ACCIDENT	TYPE OF INJURY		PART OF BODY INJURED	
Caught in/on/between	Abrasion	Irritation	<i>(Select as many as apply.)</i>	
Contact with/by	Bruise	Puncture	Chest/abdomen	Nose/eye/ear/throat
Overexertion	Burn	Sprain	Elbow/arm/shoulder	Thumb/finger/hand/wrist
Overexposure	Cut	Strain	Head/neck/face	Toe/foot/ankle
Slip/fall	Fracture	Swelling	Leg/knee/hip	Upper back/lower back
Struck by/against				

**15** Identify any property, equipment, or product damage.

**16-17** Indicate whether first aid or medical treatment was required, and provide details concerning the specific treatments received.

**18-20** List the name(s) of the attending physician(s), clinic, and/or hospital.

### C. Description of Incident

**21-23** In as much detail as necessary describe what occurred. Record facts, not opinions. Statements the injured or witnessed made should be noted. Use an additional piece of paper if more space is needed. Include sketches or photos if they help to explain what happened.

### D. Analysis

**24-25** Based on the facts and statements from participants and witnesses, identify the primary and any secondary causes of the incident. Be specific and do not place blame.

### E. Preventive/Corrective Action

**26-28** Once the causes are identified, action must be taken to prevent the same thing from happening again. Those changes that have been made or can be quickly completed should be listed under immediate action. List the person responsible for the corrective measures, as well as the date(s) for completion.

**29-31** List any long-term corrective action necessary (these might require higher levels of approval or expenditure beyond your authority). Identify the person responsible for the corrective measures, as well as the date(s) for completion.

### F. Signatures and Dates

**32-40** Sign and date the Accident Report, then send copies to the required individuals for review.

## AWAIR/Accident and Injury Reduction Program Updates

**Client: St. Mary's Parochial School**

SAFETY COMMITTEE			
<b>List of Current Members</b>			
<b>Date of Next Scheduled Meeting</b>			
<b>Dates Committee Met Last Year</b>			
	<b>Yes</b>	<b>No</b>	<b>If No, Reason</b>
<b>Were Minutes Maintained and Filed in Manuals?</b>			
<b>Does Committee Review and Investigate for Corrective Action Past Accidents/Injuries, As Listed on the OSHA 2000 Log Form or Accident Report Form?</b>			

OSHA 2000 LOG			
	<b>Yes</b>	<b>No</b>	<b>Who Maintains It?</b>
<b>Is the Current Year Log Started and Added To?</b>			
<b>Compare Insurance Print-out (Worker's Compensation) for Inclusion on Current Year Log. Recommendations:</b>			

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_



## ACCIDENT REPORT

### A. GENERAL INFORMATION

1) Employee Name	2) Employee Number	3) Sex	4) Date of Birth	5) Job Title
6) Facility	7) Department	8) Date & Time of Accident		
		am pm		
9) Exact Location of Accident	10) Job Being Performed	11) Date Injury Reported		

### B. DESCRIPTION OF INJURY/ILLNESS *(use categories from table on instruction page)*

12) Type of Accident  13) Type of Injury  14) Part of Body Injured  15) Property, Equipment, or Product Damage	16) Treatment Required _____ First Aid    _____ Medical 17) Specific Treatments Received 18) Attending Physician(s)  19) Clinic 20) Hospital
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### C. DESCRIPTION OF INCIDENT *(What happened and how did it happen?)*

21) Facts About the Incident
22) Statement(s) of Employee Involved
23) Statement(s) of Witnesses

### D. ANALYSIS *(What caused the incident? Why did it happen?)*

24) Primary Cause
25) Secondary Causes

### E. PREVENTIVE/CORRECTIVE ACTION *(What was or will be done to prevent recurrence?)*

26) Immediate Action	
27) Person Responsible	28) Completion Date(s)
29) Long-term Action	
30) Person Responsible	31) Completion Date(s)

### F. SIGNATURES AND DATES

32) Signature of Person Completing Form	33) Printed Name/Title	34) Date
35) Signature of Reviewer	36) Printed Name/Title	37) Date
38) Signature of Reviewer	39) Printed Name/Title	40) Date

# INJURY INVESTIGATION FLOW CHART

