

City Of Laredo

Accident Investigation Report

Employee Name: _____ Job Title: _____
Department: _____ Date of Accident: _____
Day of Accident: (S M T W TH F S) Time of Accident: _____ a.m. p.m.
Place of Accident: _____
Nature of Injury: _____ Part of Body: _____
Doctor: _____ Hospital: _____
Witness (Name, Phone, Address): _____
Names of all witnesses to the
accident should be listed with _____
their statements attached. _____

Instructions

This form **must** be completed on **all** injuries occurring on the job. The immediate supervisor or foreman of the injured employee must investigate the accident thoroughly, then complete this form in detail. The completed form must be forwarded to the Safety Specialist no later than the day following the accident. Reports with incomplete information will be returned.

Description of Accident

Information is to be used for preventing similar accidents. In completing the report, the "Description of Accident" portion should be specific and not generalized statements. The Safety Specialist will conduct an independent investigation of accidents. Use an additional blank page when required. Identify answer with question number.

1. What job was employee doing? (Describe exactly what job the employee was doing, such as "Employee was loading water pump on truck.")

2. What tools, materials, and/or equipment were being used? (Describe tools, material, or equipment being used to accomplish work assignment.)

3. What specific action caused the accident? ("Employee slipped and water pump hit his side.")

4. Did the employee contribute to the accident, how? (Describe what act the employee did or did not do that caused the injury, such as "Employee was not using hand crane to load pump")

5. Were the proper safety protection devices being used? (State what safety devices and if they were being used?)

6. Were materials, tools, etc. defective or in unsafe condition, how? (Describe any defects in equipment, materials, or tools and other unsafe conditions that existed.)

7. What work methods or acts caused the accident? (Describe what was wrong with work methods being used or other acts that caused the accident, such as "The hand crane is provided to load and unload heavy items from the truck. Employee was in a hurry and did not use crane.")

8. State what safeguards were being used and what safeguards should have been used.

9. What steps will you take to prevent similar injuries? (ex: "Accident was discussed with crew at weekly safety tailgate meeting.")

10. What other steps should be done to prevent a recurrence? (Such as "Foreman or helper should check loading and unloading of equipment to ensure that safe procedures are followed.")

11. Did you see the accident? [] Yes [] No

Date of Report _____ Immediate Supervisor _____

Comments: _____

Supervisor Date

Comments: _____

Director Date

Comments: _____

Safety Specialist Date

Use an additional blank page when required. Identify answer with question number.

