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Accident Investigation Report

REF: Number	Notification of Accident at work
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In the event of an Accident, please complete the following:

Site:	Date of Accident:
Department:	

About the person involved in the accident:

Name:		Address:	
Male:	Female:		
Date of birth:		Home Telephone Number:	
Occupation:		Length of Service:	

Operation:

Site Name:			
Address:			
Shift Pattern:		Time of Accident: <i>(Please use 24 hr format)</i>	

Location of accident: (if off site please include address)

Warehouse	Yard
Delivery Point	Office
Pick up point	Other (Please Specify)

Job Description at time of accident:

FLT driving	Store delivery/Collection
Unloading	Garment processing
Loading	Pack/repack
Order Picking	Other (Please Specify)

Environmental Conditions:

Dark	Dry	Hot	Even Floor
Light	Wet	Warm	Uneven
Poorly Lit	Slippery	Humid	Different levels
Direct Sunlight	Windy	Cold	Foggy
Noisy	Other:		
Quiet			

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT & NATURAL RESOURCES INCIDENT INVESTIGATION

Form I-1

Employee Name (s) _____ Employee # _____
 _____ Employee # _____

Division: _____ County: _____ Branch/Section/Unit _____ No. Employees Injured: _____
 No. Of Private Parties Injured: _____ Date of Incident: _____ Date Incident Reported: _____

Note: Form 19 (Employer's First Report of Occupational Injury/Illness) must be completed for each employee injured.

Part I: Incident Investigation (To be completed by Incident Investigation Team)

Description of Incident: (What happened?) _____

Root Cause of Incident (What caused it to happen?): _____

Corrective action: _____

Person responsible for corrective action: _____

PART II POST ACCIDENT TESTING (To be completed by Incident Investigation Team)

Controlled substance and alcohol test are to be conducted following ANY ACCIDENT an employee is involved in while on duty when:

- A life was lost, or
- If operating a motor vehicle, the driver was cited for a moving traffic violation and individuals involved were transported for medical treatment, or
- If operating a motor vehicle, the driver was cited for a moving traffic violation and a vehicle involved was disabled and removed from the scene by other than its own power.

YES NO
 Did any of the above conditions result from this accident?
 If the previous question was answered yes, was post-accident testing conducted in accordance with NCDENR's Controlled Substance Abuse and Alcohol Misuse Policy and Procedure? If no, please state why no post-accident testing was conducted.

Investigation team members: _____

Investigating Supervisor's Signature: _____ Date of Investigation _____

ID #: _____
Send completed Parts I and II to Incident and Injury Investigation Subcommittee.

Part III: Status of Corrective Action (To be completed by Incident and Injury Investigation Subcommittee)

Investigating Supervisor/Safety Officer: _____

Incident Subcommittee Members: _____

Has corrective action been completed? _____

Comments: _____

Subcommittee Chair: _____ Subcommittee review date: _____

Use of to record information regarding an incident and corrective actions. The root cause and recommended corrective actions must be noted. Send copy to Safety Office/Consultant and Division Office Incident Investigation Subcommittee.

SUPERVISOR'S INCIDENT INVESTIGATION REPORT FORM

INSTRUCTIONS
This form is to be completed by the supervisor of an employee who has experienced an incident resulting in a safety injury or illness. It must be completed in a timely manner following an incident. This form will be used to investigate a report and report that information back to the employee in a timely manner.

NO OTHER EMPLOYER OR OCCUPATIONAL SAFETY AND HEALTH AGENCY SHOULD BE NOTIFIED OF THIS ACCIDENT.

REPORT COMPLETED BY NAME AND TITLE: _____ DATE OF INCIDENT: _____ DATE OF REPORT: _____

INJURED EMPLOYEE INFORMATION
INJURED EMPLOYEE: _____ DEPT: _____
JOB TITLE AT TIME OF INCIDENT: _____
SUPERVISOR TITLE: _____

NATURE OF INJURY
PART OF BODY AFFECTED: _____

DESCRIPTION OF INJURY: _____

INCIDENT DETAILS
LOCATION: _____ DATE OF INCIDENT: _____ TIME: _____

OTHER PART OF THE EMPLOYEE'S ACTIVITY AT THE INCIDENT: _____

PROTECTIVE EQUIPMENT
PROTECTIVE EQUIPMENT (if any personal protective equipment used at the time of the incident): _____

INCIDENT DESCRIPTION
Describe how the incident occurred and sequence of events. Attach additional pages as necessary.

ATTACHMENTS: List anything to be submitted with this report (photos, witness statements, photographs, video, drawings, etc.)

WHY DID THE INCIDENT OCCUR?
UNSAFE WORKPLACE CONDITIONS (check all that apply):

Unprotected hazard	Operating without permission
Safety device is defective	Operating of unsafe speed
Tool or equipment defective	Working equipment that has power to it
Maintenance record & procedure	Leaving controls, devices unattended
Unsafe lighting	Using defective equipment
Unsafe ventilation	Using equipment in an unapproved way
Lack of personal protective equipment	Unsafe lifting
Lack of appropriate equipment / tools	Working in a hazardous position or condition
Unsafe clothing	Overcrowded, hanging, tripping
No training or insufficient training	Failure to use personal protective equipment
Other (describe below): _____	Other (describe below): _____

Why did the unsafe conditions exist? _____

Why did the unsafe acts occur? _____

Is there a workplace culture, system, or supervisor that may have encouraged the unsafe conditions or acts? YES NO

Were the unsafe acts or conditions reported prior to the incident? YES NO

Have there been prior incidents or near misses prior to the event? YES NO

HOW CAN FUTURE INCIDENTS BE PREVENTED?
What changes do you suggest to prevent the incident from happening again? (check all that apply):

Stop the activity	Guard the hazard
Train the employees	Train the supervisors
Reassign task steps	Reassign work station
Change a new policy / rule	Balance loading priority
Additional input for the hazard	Personal protective equipment
Other (describe below): _____	

What should be (or has been) done to carry out the suggestions selected above? _____

REPORT DETAILS

REPORT WRITTEN BY: _____ TITLE: _____

REPORT REVIEWED BY: _____ TITLE: _____

INVESTIGATION TEAM MEMBERS: _____

REPORT SUBMITTED BY: _____ SIGNATURE: _____ DATE: _____

REPORT RECEIVED BY: _____ SIGNATURE: _____ DATE: _____

Motor Vehicle Incident Investigation Form

Employee's Name: _____ Department: _____ Incident Date: _____

Investigation Date: _____ Name (Print): _____ Signature: _____ Date: _____

Investigator: _____ Title: _____

Witness: _____ Title: _____

City / nearest community: _____

Type of roadway

Residential	Business / school / college / town	Two-lane highway
Artery / arterial	Residential / school / town	Three-lane highway
Interstate / expressway	Residential / school / town	Four or more lanes
Other (describe below): _____	Other (describe below): _____	Other (describe below): _____

Weather conditions

Clear	Light rain	Other (describe below): _____
Overcast	Medium rain	Other (describe below): _____
Fog	Heavy rain	Other (describe below): _____
Other (describe below): _____	Other (describe below): _____	Other (describe below): _____

Information about vehicles involved

Vehicle	Driver Name	Other Driver	Other Driver	Other Driver	Other Driver	Other Driver	Other Driver
1							
2							
3							
4							

Signatures and other notes

Investigator: _____ Title: _____

Witness: _____ Title: _____

Employee: _____ Title: _____

Other (describe below): _____

Company Name
Accident/Incident Injury Investigation Procedures

All injuries, no matter how slight, will be reported to the immediate supervisor. Should injury require first aid treatment, it will be given immediately, each crew member will become as familiar as possible with the principles of first aid.

All injuries which occur during the course of employment must be reported on the appropriate incident report form (properly identified). All entries on the form must be completed with correct and concise information.

Incident Investigation Procedures

- Implement temporary control measures to prevent any further injuries to employees.
- Remove the equipment, operations, and processes to gain an understanding of the incident.
- Identify and interview each witness and any other person who might provide clues to the incident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the incident investigation report.
- Provide recommendations for corrective actions.
- Reduce the need, when appropriate, for additional or remedial safety training.
- Incident investigation reports must be submitted to the safety coordinator within 24 hours of the incident.

How many steps are in the accident investigation process. What are the 8 steps involved in an accident investigation. How long does accident investigation take. Accident incident investigation procedure template. How to write accident investigation report.

An accident investigation report template is a tool used by safety officers and investigators to collect information during an accident investigation. In a workplace setting, supervisors or managers perform accident investigations to help determine the cost of damage, support insurance claim investigations, and improve workplace safety by helping prevent accident recurrence. In this article we will feature the following: **Tips on How to Write a Good Accident Investigation Report?** A good accident investigation report should focus on factual details about the accident. The objective of the report is to inform the readers with accurate information about the accident. Below are tips you can follow in writing a good accident investigation report: **Avoid writing opinions** - clearly detail the incident with facts and evidence. Here is a good example: ✖ The driver of the red car appeared drunk. ✔ The officer conducted a breath analysis and confirmed that the driver of the red Toyota Camry was above the alcohol limit. **Attach photo evidence** - to serve as visual proof of the accident. **Provide important information** - answer the following W-questions: • When did the accident occur? • Who were the involved parties? • Where was the location of the accident? • What are the details of the accident? • Why did the accident happen? • What are the consequences of the accident? Validate the report - in PDF in PDF. This sample followed the tips on how to write a good accident investigation report and it included photos for additional context on the events surrounding an accident. iAuditor the perfect Digital Solution Paper-based accident investigation reports are time-consuming to complete and take more effort to incorporate photo evidence. Also, in the event that an accident investigation report goes missing, actions that intend to address the safety concerns of employees can get delayed and time-sensitive compensation claims are put at risk. iAuditor by SafetyCulture is a powerful mobile app that can replace paper-based accident investigation forms. Use iAuditor on your mobile device to capture unlimited photo evidence, record accident details, and immediately generate urgent accident investigation reports even while at the scene of the incident. To get you started with your accident investigation, we have built these accident investigation report templates you can browse and download for free.

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