|  |  |  |  |
| --- | --- | --- | --- |
| Date of Accident |  | Time of Accident |  |
| Company Name |  | Location |  |
| Site Supervisor |  | Phone # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Injured Person’s Employer |  | Employer’s Address |  |
| Supervisor Name |  | Phone # |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Injured Person | |  | | | | | | | | | Sex | |  | Age |  |
| Contact Info for Injured Person | |  | | | | | | Injured Person’s Occupation | |  | | | | | |
| Employment Category | □ Regular, full-time  □ Regular, part-time  □ Temporary  □ Seasonal | | | | Length of Employment | | □ Less than 6 months  □ 6 months to 1 year  □ 1 year to 5 years  □ Greater than 5 years | | | Time in Occupation | | □ Less than 6 months  □ 6 months to 1 year  □ 1 year to 5 years  □ Greater than 5 years | | | |
| Names of others Injured in same Accident | |  | | | | | | Names of Witness’ to this Accident | |  | | | | | |
| Nature of Injury and Body Part(s) Injured | |  | | | | | | Severity of Injury | | □ Fatality  □ Inpatient Hospitalization  □ Medical Treatment  □ First Aid Treatment  □ Other | | | | | |
| Task and Activity at time of the Accident | | General Task | |  | | | | | | Supervision at time of Accident | | □ Directly Supervised  □ Indirectly Supervised  □ Not Supervised  □ Supervision not feasible | | | |
| Specific Activity | |  | | | | | |
| Employee working | | □ Alone  □ With fellow co-worker(s) | | | | | |
| Specific location of Accident | |  | | | | | | Weather conditions at time of the Accident | |  | | | | | |
| Describe how the Accident occurred | | |  | | | | | | | | | | | | |
| Accident Sequence (Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.) | | | Injury Event | | |  | | | | | | | | | |
| Accident Event | | |  | | | | | | | | | |
| Preceding Event #1 | | |  | | | | | | | | | |
| Preceding Event #2 | | |  | | | | | | | | | |
| Causal Factors  (Events and conditions that contributed to the accident. Be sure and describe in detail if the proper safety equipment was being used and if it was used correctly.) | | |  | | | | | | | | | | | | |
| Corrective Actions (Those that have been, or will be, taken to prevent recurrence.) | | |  | | | | | | | | | | | | |
| Name of Investigator | | |  | | | | | | Company Name |  | | | | | |
| Signature | | |  | | | | | | Date |  | | | | | |