ACCIDENT ANALYSIS Form

Investigate the Accident

Employee Name: ________________________________ Date of Injury: ____________

SECTION A - EMPLOYEE’S STATEMENT

What exactly were you doing at the time of the injury? What caused the injury?


Strains/Sprains/Repetitive Injuries:

Did the pain develop suddenly □ or gradually □? When did you first notice the pain? __________

Have you ever had this pain before? □ yes □ no If yes, how often and when? __________

When you first felt the pain, did you tell anyone? □ yes □ no If yes, who and when? __________

Employee Signature

SECTION B - SUPERVISOR’S ANALYSIS

Supervisor’s description of accident (be specific): __________

Describe unsafe act and/or unsafe condition: __________

Describe the work activity of the employee at the time of the accident: __________

What can be done to prevent recurrence of this kind of accident in the future? __________

Corrective Action Needed (Be Specific!):

☐ Change Procedures: How?

☐ Train Injured Employee: How?

☐ Train Others: How?

☐ Provide Safety Equipment: (please specify) __________

Target Completion Date | Date Completed

Supervisor Signature

Forward To Safety Committee or Senior Management For Review and Corrective Action

Disposition: Open ____ Closed ____ Date Closed _______ Injury Coordinator: __________