

Accident Investigation Form

Injured worker's last name	First name	Occupation
Location where injury / accident occurred		First aid provider
Hospital or clinic attended for medical aid		Treating physician's name
Nature of injury		Project location of accident / injury
Person who transported employee		

Treatment	<input type="checkbox"/> None	<input type="checkbox"/> First aid	<input type="checkbox"/> Medical exam	<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Fatality
Will this be a lost-time injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is injury work related?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were any subcontractors involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Was OSHA called? ¹	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Injury Details

Date and hour of injury				Date and hour reported to employer			
Day	Month	Year	Time	Day	Month	Year	Time
			a.m. p.m.				a.m. p.m.
Who was the injury reported to?							
What caused the injury? Describe the injury, the body part involved and specify left or right side.							
Describe the worker's activities at the time of the injury. Include details of equipment or materials used.							
Name of witnesses to the accident or know more about the injury?							
Name				Title			
Name				Title			
Name				Title			

¹ Reasons to call the OSHA: Within eight (8) hours, report the fatality/multiple hospitalization by telephone or in person to the OSHA office, which is nearest to the site of the incident. You may also use the OSHA central telephone number (800-321-6742).

Accident Investigation Procedures:

Determining the underlying causes of an accident is one of the most important aspects of workplace accident investigation. Accident investigation is a technique that allows a company to “learn from its experience” and make corrections to prevent a similar occurrence from happening again. Follow this step-wise approach:

Step 1 – Secure the accident scene.**Step 2 – Collect facts about what happened.**

Refer to CNA’s Job Site Accident Investigation Kit for additional information.

Step 3 – Understand the sequence of events that lead to the accident.**Step 4 – Determine the causes.**

The cause of an accident may be obvious and be determined immediately with relative ease. However, it is important to delve deeper and try to determine the underlying causes of an accident. These might include:

Unsafe Practices	Unsafe Conditions
Failure to secure equipment	Chemical(s)
Failure to shut down equipment before servicing	Congestion or inadequate work space
Failure to warn signal	Defects of tools / equipment / etc.
Failure to use personal protective equipment	Hazardous arrangement — placement / storage
Horseplay / distracting / startling / etc.	Ergonomics — materials handling
Operating at unsafe speed	Ergonomics — poor body mechanics
Operating without proper clearance	Heat
Removing / inactivating safety devices	Fire / explosive hazard
Riding hazardous moving equipment	Hazardous atmospheric conditions
Taking unsafe position or posture	Improperly secured equipment
Using defective tool / equipment	Inadequate guards / safety devices
Using improper lifting method	Inadequate warning system
Using tools / equipment in an unsafe way	No personal protective equipment worn
Improper rigging	Poor housekeeping
Unsafe practice — describe:	Poor lighting
	Protruding object hazards
	Unmark change in elevation

CNA’s Injury Corrective Action Form will help you complete the next two steps:

Step 5 – Analyze the information.**Step 6 – Recommend the corrective action.**

For more information and to download forms and other documents to help you prepare for, respond to and document any accidents on your job site, please visit www.cna.com/returntowork.

