

COMMUNITY ACTION TEAM INC.

Accident Investigation Report

Investigator _____ Dept. _____ Date _____

Investigator _____ Dept. _____ Date _____

1. **BACKGROUND - Who was involved or injured?**

Name: _____ Witness 1 _____ Tel# _____
Address: _____ 2 _____ Tel# _____
_____ 3 _____ Tel# _____

Phone: (Home) _____
(Work) _____

Job Title: _____ Length of Service: _____

When did accident/incident occur?

Date: _____ Time of Day: _____ Work Shift: _____

Where did accident/incident occur?

Dept.: _____ Equipment: _____

Location: _____

2. **DESCRIPTIONS OF ACCIDENT – Describe sequence of events**

3. **FINDINGS**

Surface Causes (*Unsafe conditions and/or work practices*)

Root Causes (*Policies, procedures, supervision, training, decision making, etc.*)

4. **RECOMMENDATIONS**

Immediate Corrections (to reduce or eliminate unsafe working conditions and/or work practices)

Long Term Corrections (Policies, procedures, training etc., to ensure unsafe conditions and/or practices do not recur)

5. **SUMMARY** (Estimate costs of accident. Costs and benefits of corrective action)

FOLLOW-UP Actions/Comments (appropriate, timely, etc.)

Corrective actions taken – Immediate:

Corrective actions taken – Long Term:

PREPARED BY: _____

Title: _____

Date: _____

Department: _____

Reviewed by: _____

Title: _____

Date: _____

Reviewed by: _____

Title: _____

Date: _____

ATTACHMENTS: (Photos, sketches, interview notes, etc.)