

# Accident Investigation Report

Refer to EH&S Safety Instruction: [Accident / Incident Reporting and Investigation](#) for assistance in completing this report.

<b>Investigator's Information</b>		
<i>Name (Last, First)</i>	<i>Department</i>	<i>Today's Date</i>
<i>Job Title</i>	<i>Work Phone</i>	<i>Other Phone</i>
<i>Comments / Names of Other Investigators</i>		

<b>Secure the Scene</b>		
<i>Is the hazard sufficiently controlled to prevent further injury?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Was medical assistance provided to ensure the well-being of the affected employee?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<i>Is the scene secured to protect clues for analysis purposes?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

<b>Collect the Facts</b>		
<i>Affected Employee's Name (Last, First)</i>	<i>Work Area / Job Title</i>	<i>Phone #</i>
<i>Department</i>	<i>Building</i>	<i>Area or Room(s)</i>
<i>Supervisor Name (Last, First)</i>	<i>Title</i>	<i>Phone #</i>
<i>Date of Incident</i>	<i>Time of Incident</i>	<i>Location of Incident (Address/ Bldg Name &amp; Rm #)</i>
<i>Resulted in employee injury/ illness?</i> <input type="checkbox"/> <b>Yes:</b> describe at right ⇔, then continue ↓ <input type="checkbox"/> <b>No:</b> continue below ↓↓	<i>Nature of the Injury</i>	<i>Body Part(s) Affected (choose up to 4)</i>
<b>Incident Details--</b>		<b>Witness Name(s) / Ph. #(s):</b>
<i>Specific task being performed at time of incident:</i>		
<i>PPE being used:</i>		
<i>Equipment / tools involved:</i>		
<i>Materials / Chemicals handled:</i>		
<i>Unusual condition(s):</i>		
<i>Other relevant details:</i>		
<input type="checkbox"/> Continued on attached sheet		
<b>Does this incident involve a Sharps Injury?</b> <small>(Sharps defined as: needles, scalpel and razor blades, lancets, broken glass tubes, and ANY syringe removed from their original container)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes: Per Federal and Oregon State laws, this incident shall be reported via the <a href="#">OSU Sharps Injury Log</a> .	
<b>Does this incident involve an Animal Bite?</b> <small>(NOT including human or purpose-bred class A research rodents)</small>	<input type="checkbox"/> No <input type="checkbox"/> Yes: Per State law, this incident shall be reported per the EH&S Safety Instruction: <a href="#">Animal Bite Reporting</a> .	
<i>Medical evaluation:</i> <input type="checkbox"/> Deemed unnecessary by the affected employee <input type="checkbox"/> Employee intends to seek an evaluation <input type="checkbox"/> Employee has already had an evaluation		

**IMPORTANT:** For other reporting requirements, go to the OSU Office of Human Resources [Worker's Compensation Resources](#) website.

**Environmental Health & Safety**

**Develop the Sequence of Events**

Use this working space, as necessary, to determine the order of events and to construct an accurate timeline before, during, and after the incident.

**Potential Causal Factors** (check all that possibly apply)

Process/ Environment-related:		Personnel-related:	
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> PPE availability	<input type="checkbox"/> Tool/ equipment use or selection	<input type="checkbox"/> Awkward posture(s)
<input type="checkbox"/> Work procedure, or lack of	<input type="checkbox"/> Flooring / ground	<input type="checkbox"/> Level of support / assistance	<input type="checkbox"/> PPE use
<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Lighting	<input type="checkbox"/> Following of policy / procedure / instruction	<input type="checkbox"/> Work pacing
<input type="checkbox"/> Tool / equipment condition	<input type="checkbox"/> Ventilation	<input type="checkbox"/> Level of attention to task	<input type="checkbox"/> Other:
<input type="checkbox"/> Tool / equipment availability	<input type="checkbox"/> Other:		
<input type="checkbox"/> Workstation / area setup			

**Possible Root Causes:** Factors contributing to the workplace condition(s) / act(s) identified above

Awareness of job hazards *Additional details on possible cause(s):*

Level of training

Level of inspection/ maintenance

Level of communication

Level of resources available

Other:

**Corrective Measures** (check all that possibly apply - Contact EH&S to request assistance as needed • 737-2273 • [ehs@oregonstate.edu](mailto:ehs@oregonstate.edu))

<input type="checkbox"/> Provide training on the outcome of this investigation (Action Code: 01)	<input type="checkbox"/> Post safety signage in area (05)	<input type="checkbox"/> Assess newly identified hazard(s) (09)
<input type="checkbox"/> Provide initial / refresher training (02)	<input type="checkbox"/> Review inspection and / or maintenance program (06)	<input type="checkbox"/> Conduct ergonomic evaluation (10)
<input type="checkbox"/> Provide appropriate tool / equipment (03)	<input type="checkbox"/> Review formal work procedure (07)	<input type="checkbox"/> Review as job performance issue (11)
<input type="checkbox"/> Evaluate equipment / facility condition (04)*	<input type="checkbox"/> Provide appropriate PPE (08)	<input type="checkbox"/> Other (12):

\*For facility-related concerns, you can submit and track a Work Order Request online through the [My Facilities Services](#) webpage.

**Follow-up Action(s):** The Action Code is the number in parentheses (XX) above.

Send a copy of this report to the [EH&S Occupational Safety Officer](#) upon completion of columns 1-4. As actions are completed, record completion date, and initial the original copy for Supervisor record-keeping purposes.

1	2	3	4	5	6
Action Code	Description of Recommended Corrective Measures	Who will implement?	By When?	Date Completed	Supervisor Initials

Follow-up Actions continued on attached sheet

Supervisor Name, print

sign\*\*

Date

\*\* Signing of this form does not constitute acceptance or assignment of individual fault.

**Communicating Findings**

**A friendly reminder:** Sharing the results from this incident investigation with peers & partners (i.e. similar departments and operational units, EH&S) can go a long way in the development of best practices and continuous improvement that can lead to a safer and more productive workplace for all.