

Accident Investigation Report

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

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

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

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

- ☐ Housekeeping
- ☐ Work procedure, or lack of
- ☐ Repetitive motion
- ☐ Tool / equipment condition
- ☐ Tool / equipment availability
- ☐ Workstation / area setup
- ☐ PPE availability
- ☐ Flooring / ground
- ☐ Lighting
- ☐ Ventilation
- ☐ Other:

Personnel-related:

- ☐ Tool/ equipment use or selection
- ☐ Level of support / assistance
- ☐ Following of policy / procedure / instruction
- ☐ Level of attention to task
- ☐ Awkward posture(s)
- ☐ PPE use
- ☐ Work pacing
- ☐ Other:

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

- ☐ Awareness of job hazards
 - ☐ Level of training
 - ☐ Level of inspection/ maintenance
 - ☐ Level of communication
 - ☐ Level of resources available
 - ☐ Other:
- Additional details on possible cause(s):*

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

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