

Accident analysis worksheet

Purpose: Prevent future accident

Employee information

Employee's last name _____ First name _____ M.I. _____ Social Security # _____

☐ Male ☐ Female Supervisor name _____ Phone number _____

Plant/jobsite address _____ Department/trade _____

Specific job worked when injured _____ Title _____

Years of experience in job _____ Length of employment _____

Injury date _____ Injury time _____ ☐ a.m. ☐ p.m. Date reported _____

Injury outcome: ☐ Fatality ☐ Lost time ☐ Medical only ☐ Property damage

Type of injury and body parts injured _____

Accident description

Exact location of accident _____

Describe job being done (i.e. loading truck) _____

What occurred? Describe in sequence 1) Employee's location and position; 2) How he was performing task; 3) What occurred to trigger accident.

Check type of accident:

☐ Struck by ☐ Contacted by ☐ Caught in ☐ Fall- different level ☐ Repetitive motion ☐ Exposure to
☐ Struck against ☐ Contact with ☐ Caught between ☐ Fall- same level ☐ Lifting/overexertion ☐ Slip/trip

☐ Other skill _____

☐ Other _____

Analysis of accident causes (Check all that apply)

What did the employee do or fail to do that caused or contributed to the accident?

☐ Failure to make secure ☐ Riding hazardous equipment ☐ Used equipment unsafely
☐ Failure to warn or signal ☐ Took unsafe position/posture ☐ Used defective equipment
☐ Protective equipment not worn ☐ Horseplay ☐ Standard procedure deviation
☐ Nullified safety device ☐ Failure to make inoperative ☐ Others _____

What employee condition or characteristic caused or influenced unsafe actions?

☐ Unaware of job hazard ☐ Avoiding discomfort ☐ Influence of illness
☐ Inattention to hazard ☐ Influence of fatigue ☐ Other personal factors
☐ Trying to avoid extra effort ☐ Impaired vision/hearing ☐ Tried to gain or save time
☐ Low level job _____

What condition of tools, equipment or job site caused or contributed to the accident?

☐ Inadequate safety guard/device ☐ Poor housekeeping ☐ Illumination/noise/air contamination
☐ Inadequate warning system ☐ Ergonomic issues ☐ Close clearance/congestion
☐ Fire or explosion hazard ☐ Defective tools/equipment ☐ Hazardous arrangement or storage
☐ Hazardous personal attire ☐ Unsecured against movement ☐ Protruding object hazard
☐ Other _____

What causes contributed to above unsafe conditions?

☐ Caused by employee ☐ Defective due to normal use ☐ Management system
☐ Caused by another employee ☐ Poor housekeeping ☐ Outside contractor
☐ Safety inspection failure ☐ Poor preventative maintenance ☐ Unable to determine cause
☐ Faulty design/construction ☐ Defective due to abuse/misuse ☐ Caused by other circumstances: _____

Corrective action plan to prevent recurrence

Listed here are a few corrective actions that may help prevent recurrence. Check all that apply. Do not limit yourself to only these tactics. It is a good idea to discuss corrective actions with your Safety Committee and your SFM Loss Prevention representative.

- | | | |
|--|---|--|
| <input type="checkbox"/> Retraining of all employees involved | <input type="checkbox"/> Improve inspection procedures | <input type="checkbox"/> Improve illumination/noise conditions |
| <input type="checkbox"/> Retraining of other employees | <input type="checkbox"/> Clean up hazardous conditions | <input type="checkbox"/> Install/modify safety guards/devices |
| <input type="checkbox"/> Corrective interview of employees | <input type="checkbox"/> Improve cleanup procedures | <input type="checkbox"/> Improve storage or arrangement |
| <input type="checkbox"/> Job reassignment of employee | <input type="checkbox"/> Require mandatory pre-job training | <input type="checkbox"/> Improve design or construction |
| <input type="checkbox"/> Repair /replace defective equipment | <input type="checkbox"/> Use safer material & supplies | <input type="checkbox"/> Check with manufacturer/supplier |
| <input type="checkbox"/> Conduct special inspection survey | <input type="checkbox"/> Improve environmental conditions | <input type="checkbox"/> Establish purchasing standard |
| <input type="checkbox"/> Require personal protective equipment | <input type="checkbox"/> Perform ergonomic review | <input type="checkbox"/> Improve training and follow-up training |
| <input type="checkbox"/> Improve outside conductor controls | <input type="checkbox"/> Define safe method | <input type="checkbox"/> Focus on better enforcement |
| <input type="checkbox"/> Correction other than these listed: _____ | | |

Additional comments _____

Person responsible for corrective action _____ By what date _____

Investigation by _____ Date _____

Form reviewed by _____ Date _____

Confirmation date of corrective action _____

Additional information

Do you have any reason to doubt the validity of this claim? ☐ Yes ☐ No

If yes, please explain.

Has the injured employee had any recent problems with attendance or performance of his or her job? ☐ Yes ☐ No

If yes, please explain.

Are you aware of any other prior injuries or personal conditions the injured employee may have that impacts this claim? ☐ Yes ☐ No

If yes, please explain.

Witness information

Witnesses: Name _____ Telephone number _____

Name _____ Telephone number _____

Name _____ Telephone number _____

Name _____ Telephone number _____

Witness comments or pertinent information _____