

Accident Investigation Form

UCOP Departmental Safety Officer Program

EMPLOYEE	Employee Name:	Job Title:	Phone (Work)
	Department:	Supervisor Name:	Supervisor Phone (Work):

INCIDENT DETAILS	Date of Incident: _____ / _____ / _____	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM
	Location of Incident (<i>building name, room number, etc.</i>)	
	Description. How did the incident occur? What was the activity and any tools, equipment, or materials you were using? (<i>Example: I was opening a box of paper using a razor blade. The razor blade slipped on the surface of the box, and cut my right index finger</i>)	
	List the body part(s) injured and type of injury. (<i>Example: Right index finger skin cut</i>)	
	Did you report the incident? If Yes, to whom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reported:
	Were there Witnesses? If Yes, Witness name(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Is this a new injury? If No, what is the date of original injury: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Root Causes Analysis	Employee Performance	<input type="checkbox"/> Lack of practice <input type="checkbox"/> Rush <input type="checkbox"/> Fatigue	<input type="checkbox"/> Physically not capable <input type="checkbox"/> Improper risk taken and/or poor judgment <input type="checkbox"/> Lack of skill, knowledge, or hazard awareness	<input type="checkbox"/> Other (please describe):
	Environment Work Area	<input type="checkbox"/> Uneven surface <input type="checkbox"/> Slippery surface <input type="checkbox"/> Insufficient lighting	<input type="checkbox"/> Noisy environment <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Improper work area setup	<input type="checkbox"/> Other (please describe):
	Equipment/ Tools (including PPE)	<input type="checkbox"/> Failure or Malfunction <input type="checkbox"/> Improper use of equipment (wrong type selected for job)	<input type="checkbox"/> Not available <input type="checkbox"/> Insufficient equipment/tool for the task	<input type="checkbox"/> Other (please describe):
	Management Systems and Processes	<input type="checkbox"/> Lack of policies/procedures <input type="checkbox"/> No enforcement <input type="checkbox"/> Lack of communication <input type="checkbox"/> Training was not provided	<input type="checkbox"/> Safety was not considered during equipment purchasing, work setup, or project development <input type="checkbox"/> Training was insufficient / inadequate <input type="checkbox"/> Inadequate manpower (insufficient staffing)	<input type="checkbox"/> Other (please describe):

PREVENTIVE ACTION PLAN	Root Causes <i>Identified from analysis above</i>	Proposed Corrective Action <i>To be taken for each root cause</i>	Individual <i>Assigned to</i>	Target Date
	1.			
	2.			
	3.			

Name of person conducting investigation: _____ Report Date: _____

Signature: _____

Note: This form is intended for documentation of internal investigation of an accident, injury or illness. This is not a substitute for Workers' Compensation injury reporting forms. Please ensure all injuries or illnesses are promptly reported appropriately.