



## ACCIDENT INVESTIGATION REPORT

Attention: This form contains private health information. It is intended to be used for the purpose of analyzing how occupational injuries and illnesses occur, how they could have been prevented, and what if any remedial action may be taken. Unless otherwise provided by Lyon County policy, applicable law, or a duly issued subpoena or court order, the information contained in this form is confidential and shall not be shared with anyone who does not have a need to know in connection with the process identified above.

### ***Investigator Information:***

*Note: Where practicable, it is recommended that fact-gathering be conducted by supervisory personnel who are not witnesses or otherwise directly involved in the incident.*

Investigator(s): \_\_\_\_\_

Investigation date(s): \_\_\_\_\_ **Employee**

### ***Information:***

Employee name: \_\_\_\_\_

Job title: \_\_\_\_\_

Date(s) of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Exact location of incident: \_\_\_\_\_

Witnesses: \_\_\_\_\_

***Accident/Injury/Illness Information:***

1. Describe the incident (in the sequence that events occurred):
2. Describe the injury or illness. Also describe any property damage.
3. Specify any hazardous condition(s), equipment, and/or substance(s) that caused or contributed to the cause of the incident.
4. Specify any unsafe human action(s) that caused or contributed to the cause of the incident.

5. Additional questions relating to the cause of the incident:

Was the incident a result of violation of established safety policies? Yes No

If yes, identify the policies and explain:

Has the employee received training to perform this procedure safely? Yes No

If no, explain:

Was adequate personal protective equipment provided for the required tasks? Yes No

If no, explain:

Are changes necessary in the operations or procedures to prevent this type of incident in the future? Yes No

If yes, explain:

Discuss any additional policies, personal factors, and environmental factors that led to hazardous conditions or unsafe acts:

***Recommended Corrective Actions:***

Recommendations for corrective action(s):

Person(s) responsible for corrective action(s) and timeframe for completion:

Referral to Safety Committee? Y \_\_\_ / N \_\_\_\_

*Note: Incidents should be referred to the Safety Committee if they involve serious injuries, unsafe practices, inadequate policies, complex issues, or other circumstances for which the Committee's deliberation would be appropriate.*

Investigator Signature(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_