



Accident Report

Employer name	Policy number
Employee name	Date of injury
Claim number	Report date
Report completed by	
Job title	

Manner of Accident:
(check one)

☐ Contact with objects or equipment

☐ Falls

☐ Bodily reaction and exertion (including repetitive motion, lifting, etc.)

☐ Exposure to harmful substances or environments

☐ Transportation accidents

☐ Fires and explosions

☐ Assaults and violent acts

☐ Other

Fully describe the accident:

Causal factors that contributed to accident: (Check all that apply and provide detailed description.)

☐ **Environment:** (weather, housekeeping, lighting, noise, temperature, etc.)

Explain: _____

☐ **Human factor/Personal:** (level of experience, level of training, physical capability, health, fatigue, stress, etc.)

Explain: _____

Causal factors that contributed to accident: (Check all that apply and provide detailed description.)

☐ **Task:** (ergonomics, condition changes, work process, safe work procedures, etc.)

Explain: _____

☐ **Management/Process:** (safety policies, enforcement, supervision, hazard correction, preventative maintenance, etc.)

Explain: _____

☐ **Material/Equipment:** (equipment failure, design, guarding, hazardous substances, etc.)

Explain: _____

Preventative measures to be implemented: (Check all that apply.)

☐ **Engineering control:** (Design the facility, equipment, or process to eliminate or reduce exposure to a hazard.)

☐ **Administrative control:** (any procedure that minimizes exposure by controlling the manner in which work is performed or manipulation of the work schedule)

☐ **Personal protective equipment (PPE):** (reduces employee exposure to hazards when engineering and administrative controls are not feasible or effective in reducing these exposures to acceptable levels)

Fully describe the specific actions that have or will be taken to prevent a similar accident from occurring again. Corrective actions should address causal factors identified above.

X

Signature

Date signed