

SUMMARY REPORT of ACCIDENT INVESTIGATION

BACKGROUND INFORMATION

Date of Accident _____

Time of Accident _____

Persons Involved in the Accident (not witnesses) _____

Please attach all collected interviews, charts, diagrams, medical reports, pictures, etc. to the back of this form. Use additional paper if needed to provide thorough answers and analysis. This report is not intended to cast blame, but to prevent similar accidents in the future.

Where the Accident Occurred (Address, Location at that Address) _____

What Equipment or other Items Were Involved _____

Personnel and Other Witnesses Present _____

ACCOUNT OF THE ACCIDENT (What Happened)

Sequence of Events _____

Extent of Damage _____

Extent of Injury to Persons Involved _____

Accident Type _____

Agency or Source (of Energy or Hazardous Material, if involved)

DISCUSSION - ANALYSIS OF THE ACCIDENT (How and Why)

What Should Have Happened? _____

What Change Happened, Triggering the Incident? _____

What WAS and What Was NOT Affected? _____

Were There Any Specific Features of the Change that Caused the Accident? _____

List the Possible Causes of the Change _____

Select the Most Likely Causes of the Change _____

RECOMMENDATIONS OF CHANGES TO BE MADE (Based On Above Analysis)

Direct Changes (Quantities, Protective Equipment, Structural Changes, etc.) _____

Indirect Changes (Procedural Changes, Site Conditions, etc.) _____

Basic Changes (Management Policies, Personal or Environmental Factors) _____

Compiled By _____

Position _____

Date Report Submitted _____



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