

# INCIDENT REPORT FORM

Employee taking call: \_\_\_\_\_ Location: \_\_\_\_\_

Reported By: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ (AM) or (PM)

Company Name \_\_\_\_\_ Office Phone # (\_\_\_\_) \_\_\_\_\_

Equipment Type: \_\_\_\_\_ Serial No: \_\_\_\_\_

Equipment Stock # \_\_\_\_\_ Original Invoice # \_\_\_\_\_

## SAMPLE FORM

Incident Location \_\_\_\_\_ Job Phone # (\_\_\_\_) \_\_\_\_\_

Weather and jobsite conditions: \_\_\_\_\_

Name of Equipment Operator: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: (\_\_\_\_)

Zip code: (\_\_\_\_) Home Phone: (\_\_\_\_) \_\_\_\_\_

Did operator receive operational and safety training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes; by whom? \_\_\_\_\_

Name of Injured first party: \_\_\_\_\_

Apparent Injury sustained: \_\_\_\_\_

Employee address: \_\_\_\_\_ City: (\_\_\_\_) State: (\_\_\_\_)

Employee Home Phone No: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Injured party employed by: \_\_\_\_\_ City: (\_\_\_\_) State: (\_\_\_\_)

Employer Phone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Name of Injured Second party: \_\_\_\_\_

Apparent Injury sustained: \_\_\_\_\_

Employee address: \_\_\_\_\_ City: (\_\_\_\_) State: (\_\_\_\_)

Employee Home Phone No: (\_\_\_\_) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Injured party employed by: \_\_\_\_\_ City: (\_\_\_\_) State: (\_\_\_\_)

Employer Phone No: (\_\_\_\_) \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

**1<sup>st</sup> Witness:** \_\_\_\_\_

**Phone No:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** (\_\_\_\_\_) **State:** (\_\_\_\_\_)

**Statement:**

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**2<sup>nd</sup> Witness:** \_\_\_\_\_

**Phone No:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** (\_\_\_\_\_) **State:** (\_\_\_\_\_)

**Statement:**

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**3<sup>rd</sup> Witness:** \_\_\_\_\_

**Phone No:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** (\_\_\_\_\_) **State:** (\_\_\_\_\_)

**Statement:**

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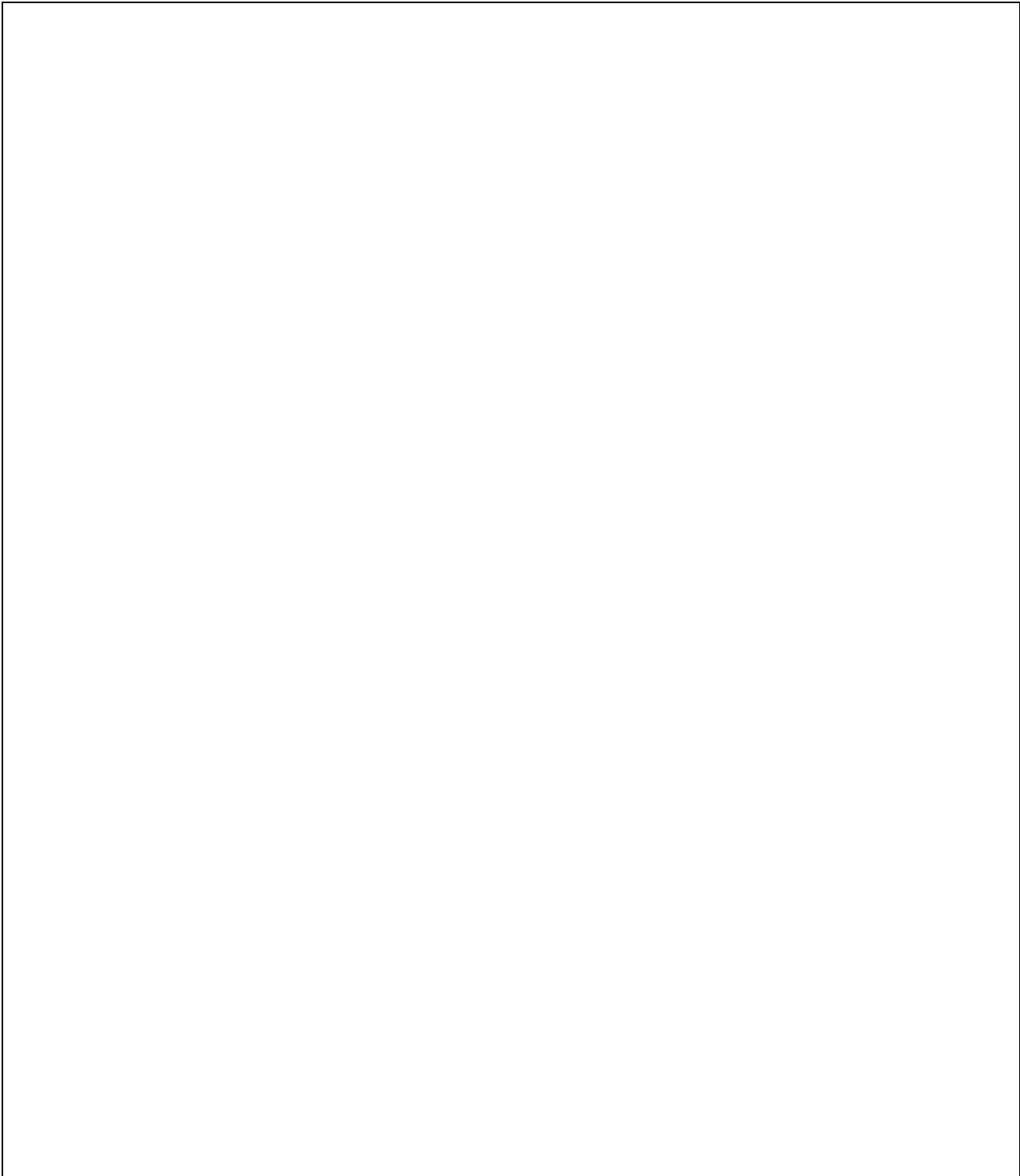
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**DIAGRAM: (INCLUDE MEASUREMENTS)**



Report submitted by: \_\_\_\_\_

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

Safety Manager Signature: \_\_\_\_\_

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

Manager's Signature: \_\_\_\_\_

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

# Accident Investigation Checklist

## Notification

\_\_\_\_\_ Time and date of accident  
 \_\_\_\_\_ Time and date of notification  
 \_\_\_\_\_ Time and date of arrival on site

## Documenting the Accident Scene

\_\_\_\_\_ Observation notes  
 \_\_\_\_\_ Sketches/diagrams  
 \_\_\_\_\_ Measurements  
 \_\_\_\_\_ Photos/videotape  
 \_\_\_\_\_ Records/review

## Worker Identification

\_\_\_\_\_ Name  
 \_\_\_\_\_ Age  
 \_\_\_\_\_ Home address and phone  
 \_\_\_\_\_ Occupation  
 \_\_\_\_\_ Experience  
 \_\_\_\_\_ Training in this job  
 \_\_\_\_\_ Familiarity with equipment  
 \_\_\_\_\_ How supervised  
 \_\_\_\_\_ PPE used  
 \_\_\_\_\_ Mental/physical disabilities  
 \_\_\_\_\_ Nature of injuries

## Supervision

\_\_\_\_\_ Name  
 \_\_\_\_\_ Age  
 \_\_\_\_\_ Experience as supervisor  
 \_\_\_\_\_ Experience in job worker was doing  
 \_\_\_\_\_ Personal knowledge of worker  
 \_\_\_\_\_ Method of supervision  
 \_\_\_\_\_ Knowledge of rules  
 \_\_\_\_\_ How accident happened  
 \_\_\_\_\_ How accident could have been prevented  
 \_\_\_\_\_ Supervisors direction from management

## First Aid

\_\_\_\_\_ Were services available?  
 \_\_\_\_\_ Was treatment given?  
 \_\_\_\_\_ Name of first aid attendant

## Other Party

\_\_\_\_\_ Instructions  
 \_\_\_\_\_ Experience in industry  
 \_\_\_\_\_ Experience in job  
 \_\_\_\_\_ Supervision  
 \_\_\_\_\_ Training  
 \_\_\_\_\_ Knowledge of rules  
 \_\_\_\_\_ Familiarity with equip

## Worksite Equipment/Machinery

\_\_\_\_\_ General condition  
 \_\_\_\_\_ Make and model number  
 \_\_\_\_\_ Manufacturers information  
 \_\_\_\_\_ Maintenance information  
 \_\_\_\_\_ Suitability of equipment  
 \_\_\_\_\_ Layout of operation

## Worksite Environment

\_\_\_\_\_ General condition  
 \_\_\_\_\_ Lighting  
 \_\_\_\_\_ Ventilation  
 \_\_\_\_\_ Wind  
 \_\_\_\_\_ Temperature  
 \_\_\_\_\_ Weather conditions  
 \_\_\_\_\_ Terrain  
 \_\_\_\_\_ Noise

## Persons With Information

\_\_\_\_\_ Name  
 \_\_\_\_\_ Work and residence address  
 \_\_\_\_\_ Recollection of accident  
 \_\_\_\_\_ Hearsay

## Employer

\_\_\_\_\_ Name and address of office  
 \_\_\_\_\_ Condition of company safety Program

# Sample Incident/Accident Analysis Team Kit

## Essential

1. Camera, film, flash, fresh batteries.
2. Tape measure - preferably 100 foot.
3. Clipboard and writing pad.
4. Graph paper.
5. Straight-edge ruler. Can be used as a scale reference in Photos.
6. Pens, pencils.
7. Accident investigation forms.
8. Flashlight, fresh batteries.

## Helpful

1. Accident investigator's checklist.
2. Magnifying Glass.
3. Sturdy gloves.
4. High visibility plastic tapes to mark off area.
5. First aid kit.
6. Cassette recorder and spare cassette tapes.
7. Identification tags.
8. Scotch tape.
9. Masking tape.
10. Specimen containers.
11. Compass.
12. Ten 4-inch spikes.
13. Hammer.
14. Paint stick (yellow/black).
15. Chalk (yellow/white)
16. Protractor.
17. Video camera with tape.
18. Investigator's template. (Traffic Institute, PO Box 1409, Evanston IL 60204, Stock # 1000)
19. Tarp

# SKETCHING TECHNIQUES

1. Make sketches large; preferably 8" x 10".
2. Make sketches clear. Include information pertinent to the investigation.
3. Include measurements.
4. Print legibly. All printing should be on the same plane.
5. Indicate directions, i.e. N,E,S,W.
6. Always tie measurements to a permanent point, e.g. telephone pole, building.
7. Use sketches when interviewing people. You can mark where they were standing. Also, it can be used to pinpoint where photos were taken.

