­­­­­

ACCIDENT REPORTING   
AND INVESTIGATION

**(EMPLOYER NAME)**

DISCLAIMER

This sample safety program is intended solely as a guide and template for employer reference and use.  This sample program is not intended to be implemented as is, nor is it intended to comply with any federal, state, or local regulation or statute.  Rather, the sample program is meant to assist each employer in developing its own written safety program based upon its specific needs and requirements. An employer should review the OSHA standards for specific requirements applicable to its operations and make adjustments to this sample program based upon those requirements. An employer will need to modify the sample safety program by adding information relevant to its particular jobsites or facilities in order to develop an effective, comprehensive program. The failure of an employer to develop its own written safety program designed for its own operations may result in a violation of OSHA standards.

**REGULATORY STANDARD: OSHA - 29 CFR 1904**

**OSHA Website:** [**www.osha.gov**](http://www.osha.gov/) **Reference Date: Nov. 2015**

**GENERAL: (EMPLOYER NAME)** will ensure that projects having a potential for employee injury are evaluated and controlled. **(EMPLOYER NAME**) shall make available to employees, the required types of protective equipment, engineering controls and procedures suitable for the work to be performed.

**RESPONSIBILITY: (EMPLOYER NAME)** is responsible for all facets of this program and has authority to make necessary decisions to ensure success of the program

# Contents of the Accident Investigation Program

1. **Written Program**
2. **General Requirements**
3. **Accident Investigation Team**
4. **Purpose**
5. **Scope**
6. **Policies And Procedure Checklist**
7. **Training**
8. **Checklist**
9. **Incident Notification Form**

# 1. WRITTEN PROGRAM.

**(EMPLOYER NAME)** will review and evaluate this standard practice instruction on an as needed basis, or when changes occur that prompt revision of this document, or when facility operational changes occur that require a revision of this document. Effective implementation requires a written program for job safety, health, that is endorsed and advocated by the highest level of management within **(EMPLOYER NAME)** and that outlines our goals and plans.

# 2. GENERAL REQUIREMENTS.

**(EMPLOYER NAME)** will establish accident investigation procedures, and improve operational procedures through the use of this document. Preventing future workplace accidents in our company is the principle purpose of accident investigation. This document will provide a basis for studying and recording the reasons an accident occurred, identifying existing or potential job hazards (both safety and health), and determining the best course of action to take to reduce or eliminate these hazards.

# 3. ACCIDENT INVESTIGATION TEAM.

The accident investigation team will be composed of the following:

## ACCIDENT INVESTIGATION TEAM

**Member Title**

Member Department Manager

Member Safety Officer

Member Medical Officer

Member Union Committee representative

Member Facility Engineer

Member Supervisor of injured employee

Member Injured employee (where possible)

Member

# 4. PURPOSE.

To establish uniform procedures for the investigation and completion of reports regarding occupational accidents, injuries, illnesses and property damage.

# 5. SCOPE.

This process applies to all **(EMPLOYER NAME)** facilities and construction projects. The reporting of injury and illness will include death, days away from work, restricted work or transferred medical treatment beyond first aid, loss of consciousness, a significant injury or illness.

# 6. (EMPLOYER NAME) Policies And Procedures.

INJURY INVESTIGATION – MANAGEMENT - REPORTING

**6.1 Managing Accidents**

* + - All accidents or personal injuries are to be reported immediately to a Supervisor by the employee.
    - The Supervisor will then determine if the injury can be treated by routine first aid only and if so, ensure that such treatment is provided
    - The Supervisor will determine if the injury can be properly treated with routine on- site first aid or if it requires medical treatment by a doctor. All doubts regarding whether or not an injury requires medical treatment by a doctor should be resolved in favor of treatment by a physician.
    - The injured employee will not drive themselves to medical services. If injuries are minor, a company representative should accompany the injured employee to the doctor or hospital so the injured employee can be assisted and the doctor may be advised of return to work options.
    - Immediately call the Workers Compensation Administrator when it is known that the injured employee will see a doctor.
    - The employee should always be allowed to see a doctor if the employee requests one.
    - When the employee requires medical attention from a doctor, the Physician's Release Form must be filled out by the doctor before the employee may return to work. The Physician's Release Form specifies the return-to-work options:
    - Return to full duty so as not to aggravate the injury.

This means that the employee can do his/her normal work activities. Care should be taken by jobsite management so that the work assignment will not aggravate an otherwise minor injury. Example: placing a rubber glove on an employee's hand to keep a cut dry.

* + Under this option the physician may direct the employee to return to work with specified restrictions, i.e., light duty, or direct that the employee not return to work for a specified period of time.

**6.2 Accident Investigation Guidelines**

* + - The accident investigation should be guided by the following:
* The primary purpose of an accident investigation is to determine the causes of the accident and eliminate them so that similar accidents do not occur.
* Protect/preserve the accident scene so as not to alter evidence while the investigation is conducted.
* Barricade area
* Take photographs if possible
* Will need some to maintain activity log throughout ordeal
* Confiscate defective tools or defective equipment. Do not repair until authorized to do so.
* Collect statements from witnesses, with names, phone numbers and permanent addresses.
* Union representation
* Drug screening conducted.
* Communication
  + - When Should an Accident Investigation Begin
* The time to begin an accident investigation is immediately upon discovery of the accident. There are often circumstances that delay the investigative process, such as medical treatment on the scene, elimination of danger, etc.
  + - As part of the investigation, prepare a narrative report on what occurred, noting:
* Weather conditions
* Site conditions
* Any unusual accidents
* Persons present (Names, phone numbers and permanent addresses)
* Equipment issues
* Training documentation
* Other documentation such as permits.

**6.3 Interviewing Techniques**

* Record the information you have just learned as quickly as possible. Be sure to write down names, dates, locations, times and numerical data relevant to the accident. In the case of a serious accidents, a tape recorder may be helpful. Be aware, however, that most people are intimidated by tape recorders, so obtain their consent before recording.
* Put the person at ease. Serious accidents can cause a high level of anxiety, grief or fear and shock.
* Do the interview on the spot. Some situations prevent on-the-spot interviews, so determine the most effective time and place to gather information.
* Keep the interview private. Explain to all interviewees that you will be talking to them individually, and that they will have an opportunity to relate their recollection of the t accident.
* It is best to separate interviewees so that they don't talk among themselves and develop altered recollections.
* When statements of fact conflict, attempt to clarify the inconsistencies.
* Do not lead the interview. Wait until the interviewee is finished before you ask clarifying questions.
* Repeat the story you have just heard back to the interviewee from your notes. Confirm with the interviewee that your notes of the conversation accurately reflect his/her recollection of the events, being certain to correct your notes where necessary.
* End the interview on a positive note, and express your gratitude.

**6.4 Collecting Physical Evidence**

* + - * Be sure the accident scene is secured immediately and that all physical evidence is preserved.
      * Photographs of the accident scene, complimented by the investigator's sketch of the area, are a valuable tool in accident investigation. It's a good idea to take pictures, draw sketches and take accurate measurements, as soon as possible after the accident. These photographs are evidence in your investigation and are not to be shown to anyone without a need-to- know reason for viewing. Protect their contents and protect them from damage. Document the exact location of the photos, the photographer, and the date and time taken.
    - Corrective Action
* Communicate to the appropriate department to fix the hazard, assign a person to accept responsibility.
* Assign a date to expect the corrective action to be completed.
* Follow-up to assure that the corrective actions have been completed

**6.5 Documentation**

Accident Investigations must be documented in writing and kept on file

The Investigation report should include the following information:

1. Names of Investigation Committee
2. Date of investigation Date of accident Description of accident Injury
3. Name of Injured Names of Witnesses
4. Facts leading up to the accident Cause(s) of the Accident Corrective Action (s)
5. Person responsible for each corrective action Expected completion date for each corrective action Actions taken to close corrective action
6. Date corrective actions were closed

**6.6 Communication**

**6.6.1** Ensure that the site has a method to communicate the results of the accident investigation to the rest of the site’s employees.

Forward a completed copy of the accident report to the company safety office as soon as it is made final.

**6.7 Injury and Illness Recordkeeping Management**

The Workers Compensation Administrator will ensure a file is developed and kept for at least 5 years with the following information:

* Employee Workers' Compensation Claim Form (if applicable).
* Injury management guidelines
* OSHA/MSHA recordability rules.
* Injury and Illness Report, OSHA 300, annually summary posting
* Equipment Accident/Accident Report.
* Name and phone # of employee’s approved physician, clinic, and hospital.
* Detailed map with directions to the physician's office.
* Physician's Release Form
* Drug screening requirements.

**6.8 Reporting Fatalities, Serious Injuries and Catastrophic Events**

* Fatalities, catastrophic events, serious injuries or multiple injuries from one accident, must be reported.
* Within eight (8) hours after the death of any employee from a work- related accident or the in-patient hospitalization of three or more employees as a result of a work-related accident, you must orally report the fatality/multiple hospitalization by telephone or in person to the Area Office of the Occupational Safety and Health Administration (OSHA), U.S. Department of Labor, that is nearest to the site of the accident. You may also use the OSHA toll-free central telephone number, 1-800-321- 6742).
* Duties and responsibilities are as follows:
* Site Manager
* Initiate rescue operations and request medical assistance.
* Stop work activity and send all personnel home, with the exception of essential employees, witnesses, involved parties, equipment operators, supervisors
* Seal off area and preserve all physical evidence.
* Notify the Client's Representative immediately.
* If fatal, notify appropriate local authorities (i.e., police, coroner).
* Establish waiting area outside the jobsite for interested parties and initiate security measures to keep unauthorized persons from entering the jobsite.
* Coordinate communications (media, client, employees, etc.)
* Assist in the investigation of the circumstances surrounding the accident.
* Prepare a list of witnesses to the accident and have them available to give statements
* Notify MSHA/OSHA and other applicable regulatory authorities immediately, if required
* Notify the insurance carrier
* Assist in assuring that proper accident investigation procedures are followed by on-site personnel
* Initiate an immediate investigation of the circumstances surrounding the accident and participate personally in all outside agency investigations.
* If fatal, notify the next-of-kin

# 7. Training and Education

The purpose of accident investigation training and education is to ensure that members of the accident investigation team and all of our employees are sufficiently informed about the accident investigation program.

* Employees will be adequately trained about the (EMPLOYER NAME) accident investigation program. Proper training will allow managers, supervisors, and employees to understand the procedures to follow to report an accident, hazards associated with a job or production process, their prevention and control, and their medical consequences.
* Training program design. The program will be designed and implemented (**EMPLOYER NAME**). Appropriate special training will be provided for personnel responsible for administering the program.
* Learning level. The program will be presented in language and at a level of understanding appropriate for the individuals being trained. It will provide an overview of the potential risk of illnesses and injuries, their causes and early symptoms, the means of prevention, and treatment.
* Training for affected employees will consist of both general and specific job training:
  + - General Training. Employees will be given formal instruction on the hazards associated with their jobs and with their equipment. This will include information on the varieties of hazards associated with the job, what risk factors cause or contribute to them, how to recognize and report hazardous conditions, and how to prevent accident with their respective jobs. This instruction will be repeated for each employee as necessary. This training will be conducted on an annual basis. (OSHA's experience indicates that, at a minimum, annual retraining is advisable).
    - Job-Specific Training. New employees and reassigned workers will receive an initial orientation and hands-on training prior to being placed in a full-production job. Each new hire will receive a demonstration of the proper use of and procedures for all tools and equipment prior to assignment
    - Training for Supervisors. Supervisors are responsible for ensuring that employees follow safe work practices and receive appropriate training to enable them to do this. Supervisors therefore will undergo training comparable to that of the employees, and such additional training as will enable them to recognize hazardous work practices, to correct such practices, accident reporting/investigation requirements, and to reinforce the (**EMPLOYER NAME**) safety program.
    - Training for Managers. Managers will be made aware of their safety and health responsibilities and will receive sufficient training pertaining to issues at each workstation and in the production process as a whole so that they can effectively carry out their responsibilities.
    - Training for Engineers and Maintenance Personnel. Plant engineers and maintenance personnel will be trained in the prevention and correction of job hazards through job and work station design and proper maintenance, both in general and as applied to the specific conditions of the facility.
    - Employee Training and Education. Company health care providers will participate in the training and education of all employees. This training will be reinforced during workplace walk-throughs and the individual health surveillance appointments. All new employees will be given such education during orientation. This demonstration of concern and the distribution of information should facilitate an elimination or reduction in, and early recognition of accident conditions prior to their development, and increase the likelihood of compliance with recognition, prevention and control.

# 8. Checklist.

The following criteria should be met when implementing this program:

* + 1. Is there a trained accident investigator on each investigation team?
    2. Is fact finding the goal?
    3. Are investigations properly documented?
    4. Is there a system in place to ensure investigations and corrective actions are completed in a timely manner?
    5. How is medical treatment handled?
    6. Are effective controls implemented after the event?
    7. Has accident investigation training been conducted?
    8. Are the Injury and Illness summary post annually?
    9. Are records access limited to employee and their representative’s?
    10. Has the Recording keeping employee been trained?
    11. Is an OSHA 300 log kept?
    12. Are occupational injuries and illnesses reported?
    13. How are serious injuries handled?
    14. Are accidents investigated promptly?
    15. How was the record keeper trained?
    16. Grab & Go prepared/ready and centrally located
    17. Have teams conducted ran drills

# EMPLOYEE ACKNOWLEDGEMENT

By signing below, I acknowledge that I understand and agree to comply with **(EMPLOYER NAME)** “Accident Reporting and Investigation Safety Program” and Company Safety Policies and Procedures. I have reviewed a copy of the Program and have received a verbal orientation identifying the safety requirements associated with the scope of work contained in this Program.

This statement is to remain in the files of **(EMPLOYER NAME)**.

## SIGNATURE DATE

# 

# 9. Incident Notification Form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Incident:** | | | **Date Incident Reported:** | |
| **Employer Type: (Circle)** | **Skanska** | **Subcontractor** | **Vendor/Supplier** | **General Public** |
| **Description of Incident:** | | | | |
|  | | | | |
|  | | | | |
| **How could the incident have been prevented?** | | | | |
|  | | | | |
| **Project Information** | | | | |
| **Project Name:** | | | **Project Number:** | |
| **Operations Lead:** | | | **Account Manager:** | |
| **Safety Director:** | | | **Home Office:** | |
|  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Injured Employee Information** | | | | | | | | | | |
| **First Name:** | | | | **Last Name:** | | | | | | **Middle Initial:** |
| **Home Phone:** | | **Date of Birth:** | | | | **Primary Language:** | | | **Marital Status (Circle)**  Married  Single  Divorced  Widowed  Separated | |
| **Other Phone:** | | **Craft /Position / Hire Date / ID Number:** | | | | | | |
| **Shift:** | | | **Title:** | | | | | |
| **Company Name:** | | | | | | | **Phone Number:** | | | |
| **Address:** | | | | | **City:** | | | **State:** | **Zip:** | |
|  | | | | |
| **Supervisor Name:** | | | | | **Supervisor Phone:** | | | | | |
| **OSHA Recordable:**  yes / no | | | | | **Body Part Injured:** | | | | | |
| **Side of Body Injured:** | | | | | **Prescriptions Given:**  yes / no | | | | | |
| **Work Restrictions:** yes / no | | | | | **Restricted Days Lost:**  yes / no | | | | | |
| **Lost Days:**  yes / no | **How many days?** | | | | **Physician/Hospital Name, Address & Phone Number** | | | | | |
| **Investigator Contact Information**  Name:  Phone: | | | | |  | | | | | |
|  | | | | | |
|  | | | | | |