

III-F

ACCIDENT REPORTING AND INVESTIGATION GUIDELINES/FORM

1. All employee injuries require a written report and a thorough accident investigation filled out by the supervisor.
2. All accident reports and investigations are to be reviewed by the Safety Coordinator.
3. The accident investigation must focus on the specific cause or causes of the accident so that appropriate corrective action can be taken as quickly as possible.
4. The causes of the accident need to be discussed with the injured employee. Specific instructions on how the accident could be prevented are to be given to the employee.
5. If the accident occurred because of an employee's failure to follow safety policies, it should be noted on the report. In these cases, the employee is to be counseled on this action.
6. Failure to follow company safety procedures could be subject to normal disciplinary procedures.
7. Serious accidents involving machinery or equipment must be investigated by the Safety Coordinator. The Safety Coordinator must certify that the machinery or equipment is safe and ready to be returned to production.
8. Injured employees are to be sent to the nearest emergency medical treatment facility and escorted by a supervisor or appropriate management representative.
9. Information on all OSHA recordable injuries is to be recorded in the OSHA 300 Log at the time of the accident.
10. An employee is required to immediately report any and all job-related injuries to his supervisor before leaving for the day. A delay in notifying his supervisor of a work-related injury or illness may affect the employee's ability to recover benefits.

ACCIDENT INVESTIGATION REPORT

Employee Name
Accident

Date of Injury

Time of Injury

Location of

Employee Dept.

Employee
Position

Length of
Service

Body Part Injured

Nature of Injury

First Aid

Medical Treatment Required

Lost Time

Was there a Written Safety Procedure in place? Yes _____ No _____

Was the Procedure specific and did it cover the actions the employee was involved in when injured?
Yes _____ No _____

Was there training in these Safety Procedures? Yes _____ No _____

Was the training specific and did it cover the actions the employee was involved in that caused the accident? Yes _____ No _____

Were the proper tools and equipment supplied to do the job? Yes _____ No _____

Did supervisors conduct regular performance observations? Yes _____ No _____

Was employee counseling and enforcement conducted where necessary? Yes _____ No _____

Was the employee following established Safety Procedures? Yes _____ No _____

If not, why not? _____

What actions are being taken to eliminate the causes of the accident (fill out in detail) _____

When will the recommendations be completed? _____

Who will be involved in this process? _____

Completed by

Date