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ACCIDENT INVESTIGATION REPORT

IDENTIFICATION

1. City _____ 2. Department _____
3. Date of Accident _____ 4. TIME _____ a.m. p.m. 5. Date Reported _____
6. Name of Injured _____ 7. Age _____
8. Job Title _____ 9. Experience _____ (yrs./months)
10. Sex M " F " 11. SSN _____
12. On Premises " 13. Off Premises "
14. Employee Death " Y " N
15. Person treating injury (Physician/Hospital named and address)

16. Did the injury result in Lost Time? _____ Change in Duties? _____

INJURY

17. Accident Type _____
18. Source - The Object or substance inflicting injury _____
- _____

19. Nature of Injury _____
20. Part of Body _____

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PROPERTY DAMAGE

21. What damaged _____

22. Nature of damage _____

23. Source - Object inflicting damage _____

24. Estimated cost of repair _____

DESCRIPTION (describe what happened - who was involved - where - when - why - how)

25. _____

CAUSE (identify unsafe acts or conditions - Contributory Factors - Base Cause - lack of control)

26. _____

EVALUATION

27. Severity potential Major ” Serious ” Minor ”

28. Recurrence potential Frequent ” Occasional ” Rare ”

29. Have similar accident(s) occurred before? _____

30. Reasons for recurrence _____

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CORRECTION (describe steps taken to prevent future accidents)

31. _____

FOLLOW-UP (pend a copy of the report for follow-up)

32. Immediate ” 7 days ” 30 days ” 60 days ”

Activity (list actions taken and dates)
