Section 6: Accident Investigation (Required)

WHY

The Occupational Safety and Health Act requires that “the employer shall furnish to each of his employees employment and a place of employment which are free from recognized hazards that are causing, or are likely to cause, death or serious physical harm to his employees.” An effective way to prevent injuries and illnesses from recurring is to conduct an investigation to find the hazards that existed that resulted in the injury or illness and take measures to correct or eliminate the hazard(s).

The ultimate goal of accident investigation is to determine the basic and root causes of accidents and near-misses and to determine appropriate corrective action so the incident does not happen again. The reason for the investigation is not to assign blame, but to establish the conditions for the accident so that corrective action can take place.

Near Misses are also to be investigated, even though there may not have been an injury, so that the conditions can be corrected before an actual accident takes place.

HOW

The investigative process should be outlined so that no important details are missed. The investigation should be conducted by a team, with at least one member familiar with the accident site. Other witnesses should be interviewed to record their recollection of the accident or the near miss.

* All events that cause injuries or property damage should be examined.
* All near misses, those events where injury or property damage does not occur, but could have if conditions were different, should also be investigated.
* The incident investigation should be started as soon as possible. (E.g., Requirement for reporting all fatal accidents are reported to OSHA is within 8 hours of incident.)
* Precautions should be taken to control any remaining hazards in the area before the investigation team enters.

Federal OSHA describes three cause levels for accidents.

1. *Direct causes* are the immediate causes of the injury, illness or damage. Direct causes are the hazardous material(s) or energy (e.g., electrical energy, potential energy or heat) that caused the injury or damage.
2. *Indirect causes* are unsafe acts and conditions that caused the hazardous materials or energy to exceed safe limits.
3. *Basic causes* are those that contribute to the creation of the indirect hazards. These can include poor management policies, personal factors or environmental factors.
* Create an Accident Investigations Team.
	+ The team should include supervision.
	+ At least one member of the team should be familiar with the process or equipment involved in the incident.
	+ Any contractors that were involved in the incident should be represented.
	+ Each investigator should have clearly defined tasks for which they are responsible. It is preferable the team members have training about accident investigation prior to an accident.
	+ The team members should be briefed at the beginning of the investigation: a description of the accident, the events leading up to it, a summary of normal operating procedures and conditions, and a list of witnesses.
* Create an accident investigation policy for your company. Read the samples on the following pages, and modify to meet your company’s specific needs.
* Sample Accident Reporting or Near-Miss / Investigation Policy
* How to Conduct an Accident or Near-Miss Investigation
* Sample Agenda for Accident Reporting and Training Program
* Sample Return-to-Work Policy
* Sample Light-Duty / Transitional Job Program

\*\*As of January 1, 2015:

* Requirement for reporting all fatal accidents be reported to OSHA within 8 hours of incident
* All accidents that result in patient hospitalization, amputations, or loss of an eye must be reported to OSHA with 24 hours of incident

OSHA

24-hour toll-free: (800) 321-6742

[www.OSHA.gov](http://www.OSHA.gov)

Minnesota State OSHA Office

Mon-Fri (8am-4:30pm): 651-284-5050 or 877-470-6742

Email: osha.compliance@state.mn.us

[www.dli.mn.gov/MnOsha.asp](http://www.dli.mn.gov/MnOsha.asp)

**Sample**

**Accident Reporting or Near Miss / Investigation Policy**

The following accident or near-miss reporting and investigation procedures have been established in an effort to prevent work-related accidents. Cooperation is required from all employees in implementing this program if it is to be successful.

All work-related accidents must be reported immediately to the job supervisor. The job supervisor must then complete the appropriate accident reports and notify the office by no later than 4:00pm of the day during which the accident occurred.

An investigation will then be conducted as to the cause and nature of the accident. Following the investigation a meeting will be held to discuss the cause of the accident as well as possible preventative measures. It is then the responsibility of the job supervisor to implement these measures, ensuring that this type of accident does not occur again.

Responsibilities of all employees under this accident investigation program are outlined below.

If we are more than 5-6 minutes from a medical facility, one person of the investigative team will have to be first-aid qualified.

**Sample Responsibilities—Management**

1. Process and file all accident report forms.

2. Discuss the need for an investigation with the Job Supervisor.

3. Discuss and formulate preventative measures pertaining to work-related accidents.

4. Remain in contact with employee and employee's physician during any period which the employee misses work as a result of a work-related accident.

5. Post [OSHA Form 300](https://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf) “Work-Related Fatalities, Injuries and Illnesses” effective 2002.

6. OSHA Form 300A “Summary of Work-Related Illnesses and Injuries” are completed at the end of each year.

7. Form 301, “Injury and Illness Report” and must be available if requested.

**Sample Responsibilities—Job Supervisor**

1. Administer first aid and/or contact emergency personnel.

2. Notify office as soon as possible.

3. Complete appropriate accident forms and return them to the office.

4. Conduct accident investigation as instructed by management.

5. Hold safety meetings to discuss preventative measures pertaining to work-related accidents.

**Sample Responsibilities—All Employees**

1. Immediately report all accidents to the job supervisor.

2. Follow all safety rules and make an effort to prevent accidents.

**How to Conduct an Accident or Near-Miss Investigation**

**Objectives:**

• To assist safety committee members in conducting an incident investigation

• To help determine the root cause of the incident—WHY did the incident occur?

• To develop recommendations for prevention of injuries and illnesses

**Who Should Conduct and Participate in the Incident Investigation?**

• Management

• Members of the safety committee (both labor and management members)

• Union steward and or union representative if needed

**When Should the Incident Investigation be Conducted?**

• As soon as possible after the incident occurs or is reported

• Before the scene of the incident is disturbed or changed

• Before victim(s) and witnesses forget what happened

**Reporting of Injuries, Incidents and Near-Misses**

All injuries, incidents and near-misses should be reported. An incident or near-miss cannot be investigated if it is not reported. The definition of a near-miss is an incident in which an injury could have occurred but did not.

There should be no discipline imposed on an employee who reports an incident or near-miss. Discipline or similar actions by the employer can discourage employees from reporting injuries, incidents or near-misses.

**What to Look at and What Information to Collect:**

*(Not all of the following will apply and this is not an all-inclusive list. You may need to look at things not on this list.)*

Conduct an on-site Investigation. The purpose of an on-site investigation is to document conditions and collect information, as well as to do a root-cause analysis to determine the cause(s). It is important to take notes and document any and all information that might be important to the investigation. It is better to have too much information and not use it, than not have the correct information and not be able to get it after the fact.

* **Collect evidence at the scene.**
Document conditions using photographs and video tapes, making written notes, and taking measurements.
* Equipment/machines involved
* Condition of equipment (e.g., sharp edges, broken pieces, duct tape holding machine together, leaks, frayed electric cords)
* Tools used (e.g., hooks, scissors, knives)
* Manufacturer and model number of machine(s) being operated at time of incident (if appropriate)
* Manufacturer, year, and model number of forklift or other industrial truck, if incident involved such equipment.
* Environmental conditions including air temperature, noise, and lighting. These may have contributed to incident. In the area where the incident occurred, look for conditions such as steam, fog, or haze from chemicals that may have contributed to problems with visibility.
* Safety conditions (e.g., slippery floors, uneven floors, cracked floors, ice on floors, clogged drains)
* Physical obstacles (e.g., tripping hazards, blocked exits)
* Were appropriate machine guards, floor guards, guards for moving
* Augers or other types of guards in place?
* **Conduct interviews.**In a conference room or other quiet, private room, speak to the following people:
* Victim(s)
* Co-worker(s)
* Person who reported the incident/near-miss/injury (This person may be different from the victim.)
* Supervisor of area where incident occurred
* Witnesses
* Safety coordinator
* Other workers who may have been involved (maintenance, sanitation, etc.)
* Other workers who have done the job that was being done by the victim

**Asking the questions: When? Who? Where? What? Why?**

**When:**

* What time did incident occur?
* What day of the week did the incident occur?
* How long had victim been working on the day of the incident before he or she was injured?
* Was the individual working overtime?
* What shift did the incident occur on? When did shift start?
* How long had the victim worked on his or her particular job (in days, weeks, months, years) before incident occurred?

**Who:**

* Who was injured?
* Who witnessed incident?
* Who first responded after incident occurred?
* Who supervised the victim?
* Who has done the same job before?
* Who trained the victim on the job?
* Who installed equipment (if incident involved a piece of equipment)?
* Who provided maintenance on the equipment?
* Who inspected the equipment? When the equipment was last inspected and or maintained?
* Who told the victim to do the work he or she was involved in at time of incident?

**Where:**

* Where did incident occur?
* Where was the victim at the time of the incident?
* Where were the witnesses?
* Where was the supervisor?

**What:**

* What happened?
* What was the victim doing at the time of the incident?
* What was the victim doing immediately prior to the incident?
* If this was not the victim's regular job, what was his or her regular job?

**Questions about conditions on the day of the incident:**

* Was the victim working in crowded conditions, e.g., too close to another worker?
* Was there anything different or abnormal on the day of the incident with respect to working conditions or the work being done?
* Was the job understaffed or under crewed on the day of the incident or at the time of the incident? I.e., if three people are needed to do the job safely, were all three people working and present?
* If line speed was a factor, was the line moving at normal speed, or was there speed up on the day of the incident?
* Was there more work to do than normal on the day of the incident (thus putting pressure on the worker(s) to work faster or to bypass safety devices)?
* Were workers asked to work overtime on the day of the incident?

**Other Important Questions to Ask**

* Had anyone else ever been injured on the same job, same piece of machinery?
* Had there been any near misses on the same job, same piece of machinery, etc.?
* Had concerns about the safety of the job, piece of machinery, or environmental conditions, been raised with management previous to the incident occurring?
* What language does (did) the victim speak? What language does the victim’s supervisor speak? In what language was the safety training and any other training concerning the job conducted?
* Regarding Personal Protective Equipment (PPE):
* Was PPE required for the job on which the incident occurred?
* If PPE was required, exactly what kind of PPE was required?
* In the course of the investigation, does it appear that the PPE was inappropriate for this particular job?
* Was the victim wearing the required/appropriate PPE?
* Were there any problems with the PPE on the day of the incident? I.e. was the PPE defective, ill-fitting, had holes, etc.?
* Could the PPE in any way have been a contributing factor to the occurrence of the incident / injury?
* **Develop a Report**Include the following elements in your report:
* **Recommendations for Prevention:**“Based upon the information collected in the investigation, the root cause(s) of the incident will be determined, and recommendations for prevention will address the root cause(s).”
* Issues related to the specific incident
* Issues related to similar situations, conditions, equipment
* Management system deficiencies
* Effective Controls and Prevention Actions
* Evaluation of controls and Prevention Actions
* Follow-up
* **Distribute the Report**When the report is completed, copies of the report should be made available to all of the participants of the incident investigation. Copies of the report should also be made available to other parties.

Note from the Occupational Safety and Health Administration, U.S. Department of Labor. It does not necessarily reflect the views or policies of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

**Sample Agenda for**

**Accident Reporting and Training Program**

1. Review Policy

2. First-Aid and CPR Training

3. After-Injury Telephone Report

4. Supervisor’s Accident Investigation Report

5. Employee’s Accident Report

6. Lockout / Tagout Procedure

OSHA Form 301 – Injury and Illness Incident Report

<https://www.osha.gov/recordkeeping/new-osha300form1-1-04.pdf>

**After Injury Telephone Report**

Employee Name:

Department:

Date of Accident:

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:

Name of Clinic/Hospital:

Name of Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Diagnosis:

Does the employee understand problem?

Return-to-work date:

If no return-to-work date, date of next doctor’s appointment:

Will employee need alternate duty?

If yes, how long?

Does employee understand workers compensation benefits and filing procedures?

TELEPHONE LOG DOCTOR’S APPOINTMENTS

Date: Time: Date: Time:

Comments: Initial: Comments: Initial:

Date: Time: Date: Time:

Comments: Initial: Comments: Initial:

Date: Time: Date: Time:

Comments: Initial: Comments: Initial:

**Sample**

**Return-to-Work Policy**

(Company name) believes that to be successful, the employees and management must work in cooperation and as a team. If you become ill or injured as a result of a job-related accident, you will be missed as an active part of this team.

We will actively seek to return disabled employees to productive work as quickly as possible, in cooperation with the employee's physician or health care provider.

If necessary, a temporary job may be provided for you that is within your physical capabilities, consistent with company needs. Even working at partial capacity will assist your fellow employees in completing the work. Efforts will be made to return you to your previous job as soon as you are physically able.

(Company name) has a policy in force for employee-return-to-work program. We have a well-supplied and maintained first-aid station at our office located at (location).

When an injury has occurred, we recommend the (name of healthcare provider) as a health care provider. When an injury has occurred, the employee should take a Return-to-Work Authorization Form with them to be completed by the physician. This form should then be returned to the Safety Coordinator.

We shall contact every injured employee who does not return to work the same day to express our concern and to encourage a return to work as soon as possible, consistent with their health and safety.

**Return-to-Work Authorization Form**

Our company has a transitional work program which provides temporary jobs that injured employees should be able to safely perform during their recovery periods. Completion of this form will allow us to identify an appropriate assignment for this employee. Thank you for your cooperation and prompt response.

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:

Employer Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicable Shift Duration:

Diagnosis

Work Related \_\_\_\_\_\_\_\_\_\_\_\_\_ Submit Claim to:

Non-Work Related \_\_\_\_\_\_\_\_\_ Submit Claim to:

Treatment

Disposition

Return to work (no limitations) on date: \_\_\_\_\_\_\_\_

Return to work (limitations) on date: from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Unable to work date: from \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Return to Clinic on \_\_\_\_\_\_\_\_\_\_\_

Prognosis

Referral to Consultant – Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time

Physical Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency

**Work Restrictions**

Restrictions apply to: Work ❑ Home ❑ Leisure ❑

During the applicable workday, this employee can:

Sit \_\_\_\_\_\_\_\_\_\_ hours Stand\_\_\_\_\_\_\_\_\_\_ hours Walk\_\_\_\_\_\_\_\_\_\_ hours

In terms of a typical work day, *occasionally* = 1.33%; *frequently* = 34-66%; *continuously* = 67-100%

Employee Can: Never Occasionally Frequently Continuously

Lift and Carry:

 Up to 10 pounds ❑ ❑ ❑ ❑

 11-25 pounds ❑ ❑ ❑ ❑

 26-35 pounds ❑ ❑ ❑ ❑

 36-50 pounds ❑ ❑ ❑ ❑

 51-75 pounds ❑ ❑ ❑ ❑

 76-100 pounds ❑ ❑ ❑ ❑

Reach above shoulder level ❑ ❑ ❑ ❑

Push/pull ❑ ❑ ❑ ❑

Climb ❑ ❑ ❑ ❑

Crawl ❑ ❑ ❑ ❑

Squat/kneel ❑ ❑ ❑ ❑

Bend/stoop/crouch ❑ ❑ ❑ ❑

Balance ❑ ❑ ❑ ❑

Twist upper body ❑ ❑ ❑ ❑

Use hands dexterously ❑ ❑ ❑ ❑

❑ No operation moving equipment or machinery

❑ No exposure to chemicals (specify):

❑ No static position (specify):

❑ Other:

Physician’s comments:

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

**Sample Light Duty / Transitional Job Program**

In conjunction with the Return-To-Work Program, (company name) has identified light duties that an employee can perform in case of an injury.

* Answer phones
* Parts runner
* Dispatch
* Light filing
* Helper on job site
* Blueprint bids
* Work orders
* Inventory pricing
* Job cost/invoice

We encourage injured employees to return to work as soon as possible, if not in a regular full-time capacity, then in a light duty/transitional capacity. Injured employees will be returned to their regular jobs as soon as medically feasible.

The injured employee's direct supervisor, and other management, will be kept informed about the goals and progress of the Light Duty/Transitional Job Program and made aware of the injured employee's job restrictions. Injured employees performing light duty or transitional work will be checked on daily to see how they are progressing and handling the work.

Injured employees will sign a Return-To-Work Agreement stating that they will not do any activity at work, home or at recreation that is beyond their working restrictions (see attached copy).

**Employee’s Accident Report**

(to be completed for all occupational injuries or illnesses)

*This form is to be returned to your employer as soon as possible.*

Employee Name:

Job Title:

Exact time of injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Plant location where injury occurred:

Name of person to whom this injury was reported:

Time at which the injury was reported to this person:

Name of witness(es):

Summarize what you think happened:

What could have been done to prevent this accident?

Explain in DETAIL: What part of your body was injured? Be very specific!

Is this an original injury, or is it a re-injury?

If a re-injury, when and where was the original injury?

Who was the employer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Claim #:

Would you be willing to perform light-duty work during your recovery?

Date and time you sought medical attention:

Whom did you see? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital:

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*This form is to be returned to your employer as soon as possible.*

Date employer received report:

**Supervisor’s Accident Investigation Report**

Injured Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Number:

Job Title:

Accident Location:

Injury Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:

Date Reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Day Worked:

Name & Address of Doctor/Hospital:

Did employee return to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, date returned:

Describe the injury or alleged injury:

Witnesses:

Did equipment malfunction? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If yes, describe on the next page.

Describe damage to the equipment or property:

What caused the accident?

What action has been or will be taken to prevent recurrence?

Supervisor Name:

Supervisor Signature:

Date:

**Return-To-Work Agreement**

Employer (“We” herein):

Employee (“You” herein):

We agree that the following represents the restrictions under which you are able and have agreed to return to work as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

Those restrictions are:

We will not require you to perform any tasks beyond those restrictions. If you are asked to do so by any of our employees or agents, please decline. They may not be aware of your restrictions.

By signing below, you agree and verify that you will not do anything beyond the noted restrictions either here at work, beyond the work site, at home, or at recreation until such time as the doctor has released the restrictions and we have been notified to that effect.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employer Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date