**Augustana College**

Claim#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accident Investigation  
**(To be completed within 72 hours)**

(To be completed by HR/Supervisor) Describe in detail the task the employee was doing at the time of injury

(include vehicle, equipment or tools used)

**Interview witnesses or co-workers for additional insights.** Sheet attached for additional info/comments  
Was this the employee’s regular work assignment? Yes No  
If no, was person trained for assignment? Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| Casual Factors | Yes No | Comments | Corrective Action |
| **Environment**   * 1. Did the work area design contribute to the injury?   2. Was the area cluttered?   3. Did the employee have to be in this area to complete the job?   4. Were other conditions (noise, air contaminants, extreme temperatures, etc.) a contributing factor?   5. Other |  |  |  |
| **Equipment/Tools**  2.1 Was the correct equipment being use?  2.2 Was the correct equipment readily available?  2.3 Did any defect or change in equipment/material contribute to hazardous conditions?  2.4 Is regular maintenance done on machinery/equipment?  2.5 Are there any maintenance logs?  2.6 Was the employee using PPE (Shoes, apron, goggles)? |  |  |  |
| **Method**  3.1 Was the employee performing according to SOP?  3.2 Was there a better method to perform the task? |  |  |  |
| Casual Factors | Yes No | Comments | Corrective Action |
| **Employee**  4.1 Was safety equipment specified for this job? (List all)  4.2 Was this equipment being used?  4.3 Have safety procedures been established for this task?  4.4 Were safety procedures being followed? If no, why?  4.5 Was the employee trained on necessary equipment?  4.6 Was the employee authorized to operate the equipment? |  |  |  |
| **Management**  5.1 Were the behaviors that caused the injury/illness observed before?  5.2 If so, what was done?  5.3 Does management require safe work practices related to this task? If yes, explain. How?  5.4 Does management follow/support safety procedures?  5.5 Have safety related changes been made/suggested in this area? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **To Correct Unsafe Acts**  Review/change procedures  Instruct injured person  Instruct others  Process improvement  Explain:  Other  Discipline injured person  Oral Written | **To Correct Unsafe Conditions**  Eliminate condition  Install safety guard  Warn others of hazards  Implement inspections  Request repairs  Vendor:  Initiate Ergonomic Review  Other | **Corrective Actions**  *Action Assigned To Date*  1)  2)  3)  4)  5)  Corrective Actions completed: Yes No |

Employee: Date:  
Supervisor: Date:   
Human Resources: Date: