

Part 2 – Incident Information (continued)

1. Affected Employee Statement

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

2. Foreman Statement

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

Part 2 – Incident Information (continued)

Witness Log: Use the following table as an initial log of the witnesses to the incident in addition to the affected employee and foreman. Actual witness statements should be filled out in “Part 5 – Witness Statements”. The “Witness Role” should be filled out with terms such as ‘crew member’, ‘passerby’, ‘iron worker’, etc. “Contact Information” should be the best way to contact the witness should they allow it, and should you need additional information.

Name Of Witness	Witness Role	Contact Information	Statement Taken?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Part 3 - Accident Analysis

Guidance: Accidents are usually complex. An accident may have multiple events that can be causes. A detailed analysis of an accident will normally reveal three cause levels: basic, indirect, and direct. At the lowest level, an accident results only when a person or object receives an amount of energy or hazardous material that cannot be absorbed safely. This energy or hazardous material is the **DIRECT CAUSE** of the accident. The direct cause is usually the result of one or more unsafe acts or unsafe conditions. Unsafe acts and conditions are the **INDIRECT CAUSES** or symptoms. In turn, indirect causes are usually traceable to insufficient managerial policies, poor personal decisions, or environmental factors; these are called the **BASIC CAUSES**.

Accident investigations determine not only what happened, but also how and why. The information gained from these investigations is used to help prevent the recurrence of similar or perhaps more disastrous accidents. The following checkboxes and groupings are provided as a starting point to help assess how and why the accident occurred. These checkboxes should be filled out in conjunction with supplying your own written statement regarding the incident, so that the most complete accident analysis can be performed.

1. Direct Cause : What Directly Happened To Cause The Accident?

- Struck By Or Against Object
 Caught In/Under/Between
 Fall/Slip/Trip
 Material Handling/Lifting
 Repetitive Motion
 Chemical Exposure
 Other: _____

Describe In Your Own Words The Direct Cause Of The Accident (use reverse side as needed):

Part 3 - Accident Analysis (continued)

2. Indirect Cause : What Went Wrong To Result In The Accident?

Work Area And Site Specific Related

- Work Area Not Set-Up Properly
- Adverse Environmental Conditions
- Proximity To Other Trade Work
- Housekeeping Issues
- Animal Attack
- Poisonous Vegetation
- Other: _____

Employee Related

- Physically Not Able To Do Work
- Fatigue
- Poor Positioning For Task
- Not Paying Attention
- Hand-Eye Coordination
- Safe Procedure Not Followed
- Other: _____

Equipment Related

- Equipment Failure
- Proper Equipment Not Used
- Equipment Was Improperly Used
- Other: _____

Assistance Related

- Task Was Too Difficult To Perform Alone
- Assistive Devices Not Used
- Other: _____

Personal Protective Equipment (PPE) Related

- PPE Not Worn
- PPE Not Adequate For Task
- PPE Failure
- Proper Clothing Not Worn
- Other: _____

Describe In Your Own Words The Indirect Causes To This Accident (use reverse side as needed):

Part 3 - Accident Analysis (continued)

3. Basic Cause – Why Did The Indirect Causes Happen?

Management Factors

- Training Not Provided
- Poor Communication Regarding Duty Expectations
- Improper Employee Assignment
- Safety Inspection Failed Or Not Provided
- Inadequate Preventative Maintenance
- Proper Tools Or Equipment Not Provided
- Productivity Given Priority Over Safety
- Failure To Recognize Potential Hazards
- Other: _____

Site Factors

- Work Between Trades Not Coordinated Properly
- Safe Access Around Site Not Coordinated
- Other Trades Not Working Safely
- General Contractor Failure To Promote An Attitude Of Working Safely
- Engineering And Design Does Not Account For Safely

Personnel Related

- Insufficient Basic Knowledge Of Work Being Performed
- Inability To Think Decisions Through
- History Of Accidents
- Failure To Recognize Physical Limitations
- Under The Influence Of Drugs Or Alcohol
- Distractions Of Personal Life
- Employee Intentionally Injured Themselves
- Employee Unable To Collect Unemployment Benefits
- Other: _____

Describe In Your Own Words The Basic Causes To This Accident (use reverse side as needed):

Part 4 - Corrective Action / Possible Alternatives

Guidance: Alternatives and corrective actions should be based upon the “Hierarchy of Health and Safety Controls”. The single most important outcome that can result from an incident is the implementation of effective, high level safety control to prevent or significantly reduce the chance of the incident reoccurring. The Hierarchy is defined by 5 levels of controls. The top 2 levels (“Elimination / Substitution” & “Engineering Controls”) are by far the most effective in preventing or reducing the reoccurrence of an incident because they rely much less on human behavior, are more difficult to defeat, and require much less continuing human effort than the lower controls. As alternatives are developed and corrective actions planned, every effort should be made to implement the top 2 levels of controls.

Hierarchy of Health and Safety Controls

Most



Least

A.) Elimination / Substitution
B.) Engineering Controls
C.) Warnings
D.) Training & Procedures
E.) PPE

Action #1:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Action #2:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Action #3:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Part 4 - Corrective Action / Possible Alternatives (continued)

Action #4:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Action #5:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Action #6:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Action #7:	<u>Responsible Person(s):</u>	<u>Date Assigned:</u>	<u>Target Date:</u>
-------------------	-------------------------------	-----------------------	---------------------

Action Description:

Part 5 – Witness Statements

Witness Name:

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

Witness Name:

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

Part 5 – Witness Statements (continued)

Witness Name:

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

Witness Name:

Statement Date & Time:

Statement Taken By:

Statement (use reverse side as needed):

Was This Statement Transcribed From A Recording? Yes No

Part 6 – Employer Conclusion

Start Date of Investigation:

End Date of Investigation:

Employer Participants In Investigation and Response Efforts (please provide name, title, and role in investigation):

Final Employer Statement (use reverse side as needed):