

SAMPLE ACCIDENT INVESTIGATION PROGRAM

WHAT IS AN ACCIDENT INVESTIGATION PROGRAM?

An Accident Investigation Program is a management tool by which accidents or injuries are systematically studied so that their causes and contributing factors can be identified and eliminated. Accident Investigation is a technique that allows a school district to "learn from its experience."

In addition to preventing future accidents, the Accident Investigation Program:

- Helps to identify inefficiencies, and improves total quality.
- Develops accident trend information.
- Focuses supervisors' attention on safety and helps them consider methods for preventing future accidents.
- Helps monitor the effectiveness of the agency safety program.
- Provides information for workers' compensation claims handling as well as regulatory reporting and record keeping.

WHO IS RESPONSIBLE FOR Accident Investigation Program?

Everyone in a school district shares the responsibility for the success of the Accident Investigation Program. Specific groups and their respective duties are as follows:

Management is responsible for planning and developing the system, and has the authority to enforce the program. In general, management will develop investigation forms and procedures; train supervisors and members of the safety committee; review accident reports and trends; and perform periodic program evaluations.

Supervisors will investigate accidents and identify their cause(s), and also develop suggestions, methods and techniques for preventing accidents.

Human Resource Professionals will participate in the process as outlined by their respective school district. In some cases, Human Resources may conduct the investigation, and complete the form. In other cases Human Resources will review and track the results of the investigations. Human Resources should be consulted at any time there is a question about the accuracy of the description of the accident, or the supervisor's description is significantly different than the employee's report.

Safety Committee Members may investigate accidents and determine their cause(s); review accident reports; and identify accident trends. The Safety Committee will report its findings to management.

Employees must report accidents promptly and participate in the investigation process. Whenever possible, employees should be encouraged to share insights with management about ways to prevent future accidents.

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STEPS TO A SUCCESSFUL ACCIDENT INVESTIGATION

Before an accident investigation can be performed, any injured employees should receive immediate and proper medical attention. Hazards should be removed from the accident scene to prevent accidents to others. Thereafter, the following steps should be taken:

Determine The Facts

The investigator should identify and document all the facts of the accident. To do this, the person should:

- Interview the individual(s) involved as well as witnesses.
- Photograph the accident scene if possible.
- Diagram the layout of the accident scene, and the relationship of machinery and witnesses to the scene.
- Safely reenact the accident to ensure that no one else is injured.

Determine The Causes

The cause of an accident may be obvious and be determined immediately with relative ease. However, it is important to delve deeper and try to determine the underlying causes of an accident. These might include:

- Lack of employee or supervisor training
- Improper or outdated methods
- Lack of enforcement of safety regulations
- Inadequate machine maintenance

Determine The Corrective Action

Investigators should be aware that there may be more than one method or technique for eliminating the cause of an accident. It is also important to realize that a temporary corrective action may be appropriate if the most effective corrective action cannot be implemented immediately.

Review the Findings of the Accident Investigation

After an accident investigation has been completed, management should periodically review related forms and procedures. This will ensure that the quality of investigations remains high, and that corrective actions are adequate and have been completed.

Analyze Accidents

All accidents should be analyzed periodically for any trends or recurring problems. One should consider the date and time and location of the accident; the type of accident; the nature of the injury and body part(s) involved; and the employee's training and experience level.

Sample Accident Investigation Report

The unsafe acts of people, and the unsafe conditions that cause accidents, can be corrected only when they are known specifically. It is your responsibility to **identify** them and **correct** them. This report and investigation **must be completed within _____ of the accident.** The employee involved and his/her supervisor should cooperate to complete **all** the information requested. Please use additional paper as necessary.

PART I - General Information: District/School Building _____ Dept/Area _____

Name of Injured _____ Social Sec. # _____

PART II – Employee’s Description of Accident (What Happened ?)

Day / Date of Accident _____ Time _____ Exact Location _____

When was supervisor notified? _____ Who did you report the accident to ? _____

Job or Activity at Time of Accident: _____

Describe the Accident: _____

Describe the Injury and body part(s) affected: _____

Names of **on duty** supervisor and any **witness(es)**: _____

Employee Signature: _____ Phone # _____ Date: _____

(I certify that the information provided above is true and complete.)

PART III – Supervisor’s Investigation of the Accident: If you do not agree with the employees report, notify your Human Resources Manager and / or Workers Compensation Coordinator immediately, and provide details with this report.

A. Describe any UNSAFE Acts: _____

B. Describe any UNSAFE Conditions : _____

C. Identify the Cause(s) of the Accident : _____

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PART IV - Corrective Action Taken

(What have you done or what do you recommend to prevent a recurrence of a similar accident ?)

Has it been done ? _____ If not, give reason _____

PART V – Accident Analysis Details

Severity of Injury / Damage:

- Fatality Lost Workdays Medical Treatment (off premises) First Aid (On site)
 Significant Property Damage

Panel of Physicians List Provided to Employee Yes – Attach Copy to this report No

Employment Category:

- Regular, Full-time Regular, Part-time Temporary Contractor Other: _____

Time in Occupation at time of accident:

- Less than 6 months 6 mos. to 2 years 2 to 5 years More than 5 years

Work Shift at time of accident:

- Day Shift Evening Shift Night Shift

Prepared by: (Name & Title)	Work Phone #:	Date Report Prepared:
Reviewed by: (Name & Title)	Work Phone #:	Date Report Reviewed:

Follow – up Action:

School District: _____

Location: _____

Date: _____

POST ACCIDENT CHECKLIST

	YES	NO
Immediately after an accident, have you:		
1. Provided emergency medical assistance to anyone who is injured or ill?		
2. Taken any necessary emergency action to prevent further injury or property damage?		
3. Secured the scene to preserve the evidence for study?		
4. Taken photos or measurements, if needed?		
5. Interviewed witnesses to determine what happened?		
6. Interviewed others with relevant information?		
7. Determined the cause(s) of the accident?		
8. Made recommendations and action plan?		
9. Filed other required reports? (Workers' Comp, vehicle, property)		
Does your record include the following information:		
1. Name of injured employee(s)?		
2. Accident date and time?		
3. Nature and extent of injury/illness?		
4. Location of accident?		
5. Witnesses and their activities at the time?		
6. Others with relevant knowledge?		
7. Description of accident?		
8. Description of events preceding accident?		
9. Task/activity engaged in at time of accident?		
10. Employees normally assigned task?		
11. Length of employment and assignment to current job?		
12. Relevant training received by employee and training dates?		
13. Equipment/materials involved in the accident?		
14. Physical surroundings of accident?		
15. Unsafe acts that could have led to accident?		
16. Description and dates of similar or related accidents?		
17. Cause(s) of accident?		
18. Actions taken to prevent similar accidents?		
19. Additional recommendations?		

Name: _____

Date of Completion: _____