

Pecos-Barstow-Toyah Independent School District
SUPERVISOR ACCIDENT INVESTIGATION REPORT

Department _____ Location _____
Supervisor _____ Telephone _____

Part I - GENERAL INFORMATION

Name of Injured _____ Age _____ DOB _____ DOH _____
Date of Accident _____ at _____ (am) (pm) Date accident reported? _____
Job activity at time of accident _____
Was employee doing regular job? _____ Exact Location _____
Length of Service in Occupation _____ Witnesses _____
Did you request accident prevention services in past 12 months? _____

Part II - DESCRIPTION OF ACCIDENT (What happened?)

INCIDENT: Describe briefly how the incident occurred. What happened to the employee which may have to the injury/illness? _____

SOURCE: Describe specific equipment, material, or object was involved in the incident, or what was contacted that may have produced the injury/illness (i.e. power drill, glass bottle, 55 gallon drum, a product, chemical, noise, temperature, electricity, a person.). _____

CAUSE (CONDITIONS): Describe briefly the defective, inadequate or unexpected physical or mechanical conditions, if any, which contributed to the incident (i.e. broken hoist, missing belt guard, container not labeled, inadequate ventilation, no gloves, etc.). Identify any inadequate standards methods or procedures. (Storage racks too high, awkward position required for the job, etc.) _____

CAUSE (HUMAN ELEMENT): What acts, omissions, and/or errors in judgement contributed most directly to the incident (i.e. lifted too heavy a load, not following lockout procedures, horseplay, inadequate instructions, etc.)? _____

CORRECTION ACTION: What action has been taken or will be taken to prevent it from happening again and when will this action be taken? _____