

# Physical Plant Supervisor Accident Investigation Report

## Form is to be filled out by direct supervisor on every "First Report of Injury"

In an effort to lower the incident rate in the Physical Plant, the Physical Plant Safety Coordinator is available to assist with every first report of injury investigation. The information gathered after an incident is crucial to eliminating hazards and the potential for reoccurrence.

A video is available to help in explaining the new supplemental report, to request the video or to schedule time for conducting the incident investigation call the safety office (3-7269).

### BACKGROUND INFORMATION

1. Name of Injured/Ill Person \_\_\_\_\_
2. Age: \_\_\_\_\_ 3. Sex: F \_\_\_ M \_\_\_ 4. Job classification: \_\_\_\_\_
5. Time on the job: \_\_\_\_\_ 6 Name of Supervisor/Manager: \_\_\_\_\_
7. Normal start time: \_\_\_\_\_ 8. Normal hours worked per day/week: \_\_\_\_\_
9. Date of accident/incident: \_\_\_\_\_ 10. Time of accident/incident: \_\_\_\_\_ am pm
11. Start time the day of the accident/incident: \_\_\_\_\_ am pm
12. Name of others injured or witness to the incident/occurrence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (use another sheet if needed)
13. When was the incident reported (if delayed – why? Note: review the mandatory policy to report all incidents/occurrences before end of the shift): \_\_\_\_\_  
\_\_\_\_\_ ( use another sheet if needed)
14. Did the incident/occurrence require first aid or medical treatment at Sartori Occ. Health /or no treatment required: \_\_\_\_\_ (use another sheet if needed)
15. Did the accident/incident result in lost time; if so how many hours? \_\_\_\_\_
16. Exact location (include building – floor – room # - description of area) :  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( use another sheet if needed)

### ACCOUNT OF ACCIDENT

17. Description of accident/incident(details of what employee was doing, how they were doing it, what tools were they using): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (use another sheet if needed)

(over)

18. What was the condition of the work area, were all switches/dials/controls or computer software in the correct position: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
19. Was PPE in use and worn correctly: \_\_\_\_\_  
 \_\_\_\_\_

**ANALYSIS OF ACCIDENT**

Determine HOW and WHY the accident/incident occurred. Determine DIRECT and INDIRECT causes. Use the 5 Whys Analysis Method: Start with the undesired event using the description given in question 17.

20. Ask: Why did the accident happen? Note: This is typically the “Direct Cause” \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
21. Ask: Why did that happen? Or Why did that occur? What was the “Contributing(Indirect) Cause.”  
 \_\_\_\_\_  
 \_\_\_\_\_
22. Continue asking “Why” You should get to the root cause by the answer to the 5<sup>th</sup> or 6<sup>th</sup> why question.  
 Answer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Root Cause:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECOMMENDATIONS**

23. How can this accident be prevented from ever happening again? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. Corrective Action taken: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor/Manager signature: \_\_\_\_\_ Date \_\_\_\_\_

Unit Assistant Director signature: \_\_\_\_\_ Date \_\_\_\_\_