

**CITY OF BEAUFORT
ACCIDENT/INCIDENT INVESTIGATION REPORT**

Section 1 Employee Information

Name & Address of Employee: _____

Date of Birth: _____

Job Title: _____

Length of Employment: _____

Department: _____

Employment: Full Time Part Time **Sex:** Male Female

Section 2 Accident Information

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Type of Accident: Personal Injury
 Property Damage
 Vehicle Accident (See attached Police Report/accident investigation)

Severity of Accident: Fatality
 Days of Restricted Activity
 First Aid
 Lost Work Days
 Hospitalization
 Medical Treatment
 Light duty/Limited duty

Please describe the injury or description of damage to vehicle/property. (Include the machine, equipment, object or material involved...attach additional sheet if necessary)

Body Part

- | | |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Hands |
| <input type="checkbox"/> Eyes | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Trunk | <input type="checkbox"/> Toes |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Internal |

Nature of Injury

- | | |
|--|---|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Amputation |
| <input type="checkbox"/> Strain/Sprain | <input type="checkbox"/> Burns |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Foreign body |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Skin (job related) |

Remarks: _____

Remarks: _____

BASIC CAUSATIONAL FACTORS

Unsafe Conditions:

- Inadequately guarded
- Unguarded
- Defective tools, equipment, etc.
- Unsafe design or construction
- Hazardous arrangement
- Poor illumination
- Poor ventilation
- Unsafe/improper clothing
- Insufficient instruction
- Weather

Unsafe Acts:

- Operating without authority
- Operating at unsafe speed
- Making safety devices inoperative
- Distraction/horseplay
- Using unsafe equipment
- Using equipment unsafely
- Unsafe loading, placing, mixing
- Taking unsafe position
- Working on moving / dangerous eqpt.
- Failure to use PPE

BASIC CONTRIBUTING FACTORS

Unsafe Conditions:

- None
- Inadequately guarded
- Unguarded
- Defective tools, equipment, etc.
- Unsafe design or construction
- Hazardous arrangement
- Poor illumination
- Poor ventilation
- Unsafe/improper clothing
- Insufficient instruction
- Weather

Unsafe Acts:

- None
- Operating without authority
- Operating at unsafe speed
- Making safety devices inoperative
- Distraction/horseplay
- Using unsafe equipment
- Using equipment unsafely
- Unsafe loading, placing, mixing
- Taking unsafe position
- Working on moving / dangerous eqpt.
- Failure to use PPE

Why was the unsafe act committed? _____

Why did the unsafe condition exist? _____

Phase of Employee's Workday at Time of Accident:

- | | |
|---|--|
| <input type="checkbox"/> Performing Work Duties | <input type="checkbox"/> During Meal Period |
| <input type="checkbox"/> Parking/Moving Vehicle | <input type="checkbox"/> During Break Period |
| <input type="checkbox"/> Working Overtime | <input type="checkbox"/> Other _____ |

Supervision at Time of Accident:

- | | |
|---|--|
| <input type="checkbox"/> Directly Supervised | <input type="checkbox"/> Indirectly Supervised |
| <input type="checkbox"/> Supervision not Feasible | <input type="checkbox"/> Not Supervised |

Task & Activity at Time of Accident: (please describe)

General Type of Task:

Specific Activity:

Employee was working alone, with crew or fellow worker, or other _____

Please Describe How the Accident Occurred: (attach additional sheet if necessary)

CORRECTIVE ACTION

UNSAFE ACT

- Stop the worker
- Study the job
- Instruct (tell-show-try)
- Follow-up
- Enforce**

UNSAFE CONDITION

- Remove
- Guard
- Warn
- Supervisory training

If supervisor cannot handle, then

- Recommend to:
- Dept/Div Head
 - Safety Comm.
 - Maint. Dept.
 - Other

Follow- Up: _____

Name/Address of Person(s) Involved/Injured/Witnessed Accident:

1. _____
2. _____

Section 3 Vehicle Accident Information

**** If this section is filled out please attach the Police Report**

City of Beaufort Vehicle Number/Description (make, model, year)

City of Beaufort Vehicle Tag Number: _____

Employee's Drivers License Number: _____

Other Vehicle Driver's Name and Address: _____

Insurance Company of Other Vehicle: _____

Other Vehicle's Tag Number: _____

Section 4 Corrective Actions

What actions will be taken to prevent recurrence? (Attach additional sheet if necessary)

Prepared By: _____

Date: _____

Title: _____

Department: _____

Reviewed by Division Head: _____

Date: _____

Title: _____

Department: _____

Approved By: _____

Date: _____

Title: _____

Department: _____

SAFETY COMMITTEE

Date Received: _____

Reviewed By: _____

Title: _____

Date: _____

Remarks: _____

- No Action Necessary
- Recommendation to Department Head
- Recommendation to City Manager