Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCBS Form 801: *Worker’s and Employer’s Report of Occupational Injury or Disease*.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: | | | |  | | | | | | | Report no.: | | | |  | | | | | |
| Operation: | | | |  | | | | | | | Investigator | | | |  | | | | | |
| Name of accident victim: | | | | |  | | | | | | | | | | Victim’s job title: | | | |  | |
| How long has accident victim been with this company? | | | | | | | | | |  | | | | How long on this job? | | | | | |  |
| (Attach this information for each additional person injured.) | | | | | | | | | | | | | | | | | | | | |
| Witnesses: | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | Name: | |  | | | | | | | |
| Name: | | |  | | | | | | | | Name: | |  | | | | | | | |
| Name: | | |  | | | | | | | | Name: | |  | | | | | | | |
| When did the accident occur? | | | | | | Date: |  | | Time: | | |  | | | | | | Shift: | |  |
| Where did the accident occur? | | | | | | Department: | |  | | | | | | | | Location: |  | | | |
| What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.) | | | | | | | | | | | | | | | | | | | | |
| Has a similar accident ever occurred?  Yes  No If yes, when? | | | | | | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |
| What caused the accident?  List all causes and contributing factors, which might include lack of supervision, inadequate training, poor equipment maintenance, and inadequate policy. | | | | | | | | | | | | | | | | | | | | |
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| List each corrective action to be taken. Who will do it and when will it be done? | | | | | | | | | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | | | | | | | | | |
| 4. |  | | | | | | | | | | | | | | | | | | | |
| 5. |  | | | | | | | | | | | | | | | | | | | |
| 6. |  | | | | | | | | | | | | | | | | | | | |
| 7. |  | | | | | | | | | | | | | | | | | | | |

**Attach photographs, sketches of the scene, or other relevant information.**

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| --- | --- | --- | --- | --- | --- |
| Prepared by: |  | Title: |  | Date: |  |