

I. SLIP/TRIP/FALL ACCIDENT INVESTIGATION FORM:

Date and time of Investigation: _____
Investigator

Date and time accident reported: _____

Date and time of accident: _____

Indicate the number of photos you took and sketches you made during this investigation and where they're located (*example: 9 photos / 1 sketch; attached to this form or 5 photos/0 sketches; emailed to Safety Committee Chairperson*):

What bodily injuries did the employee report? _____

Enter the name(s), position & building of those involved in the accident: _____

Enter the name(s) of witnesses to the accident: _____

Describe the accident scene. Where did the accident happen? (Provide precise location)

(Example: *Next to water fountain across from Room 202 in ABC building, outside concrete staircase facing ABC street, 1st landing*) Photograph both close up and from a distance.

What task was the person performing? (Example: *exiting personal vehicle, performing pre-trip bus inspection, walking to playground to monitor students, exiting walk-in freezer*):

Describe footwear worn at time of incident, type and condition of soles: (Example: *running shoes, minimal tread, or shoes with leather soles*): _____

Was the person carrying anything at the time of the accident? If yes, describe: _____

What is the condition of the surface where the employee slipped or tripped? (Example: *icy parking lot, water on terrazzo floor, missing floor tile, etc.*) _____

Were environmental conditions contributing to incident reported? Was appropriate signage utilized to alert employees of hazard? _____

Describe what occurred immediately leading up to the accident (ie. *“opened driver’s door with left hand, grabbed briefcase with right hand, set left foot onto ground, pushed body out of vehicle & left foot began to slip on ice” and “after lifting a 50 lb bag of salt, the custodial employee twisted to the left at the waist to set it onto the bench, and “stood on pickup bed and began to jump off tailgate”:*

What action caused the injury? (ie. *“foot slipping caused body to lose balance and person fell, striking left temple onto side of car and left shoulder onto ground):*

Indicate the work environment: (Example: *weather, temperature, illumination*)

Appropriate footwear for environmental conditions: (Example: *winter boots with aggressive tread, gripper booties for stripping floors, anti-slip tread*)

II. INSTRUCTIONS:

Complete the following after your interview has taken place. Completion of this checklist will help identify possible factors that may have contributed to the accident. Your answers are only opinions of what you think may have contributed to this accident, based upon your investigation.

- | | | |
|---|---|---|
| <input type="checkbox"/> Knowledge, Skill or Experience | <input type="checkbox"/> Tired/Fatigued | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Shortcut | <input type="checkbox"/> Qualification | <input type="checkbox"/> Attire |
| <input type="checkbox"/> Personal Protective Equipment | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Temperature |
| <input type="checkbox"/> Equipment Guarding | <input type="checkbox"/> Unsafe Condition | <input type="checkbox"/> Sudden outburst of student |
| <input type="checkbox"/> Safety Rule | <input type="checkbox"/> Procedure | <input type="checkbox"/> Deadline |
| <input type="checkbox"/> Placement/Capability | <input type="checkbox"/> Tool | <input type="checkbox"/> Inadequate staffing |

Investigator (Sign Name)

Date

IV. SAFETY COMMITTEE INVESTIGATION:

Safety committee reviews accidents during the monthly safety committee meeting, determines possible causes of the accident and develops a plan of action to assist in preventing a recurrence.

Remember to consider basic work safety practices such as: 3-point contact rule when climbing ladders, appropriate footwear for the environment, PPE, training, work-procedures and rules, consistent policy/procedure enforcement, correct placement of employee to the task, design and arrangement of materials, a purchasing need or issue, housekeeping, maintenance, documentation/logs:

Accident Investigation – Slip/Trip/Fall

Safety Committee Chairperson (Sign Name)

Date of Safety Committee Investigation