

I. STRAIN INJURY 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? Give a precise description of location.

(Example: Next to water fountain across from Room 202 in ABC building)

What task was the person performing? (Example: *lifting a lawn mower onto a pickup truck bed, pushing a dolly to transport 3 boxes of copy paper, lifting cafeteria table (folding in middle):*

Two-person lift technique employed? If yes, enter their names: _____

Did the person perform stretching exercises at the beginning of the shift and after break? _____

What material or object was involved with the task? (estimated size and weight) _____

Were there any obstacles that hindered the completion of the task? (Example: *doorway threshold, narrow stairwell, no ramp & steps at every entrance*) _____

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

Was material handling equipment used for this task? (Identify type) _____

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

Describe what occurred immediately leading up to the accident (ie. *“retrieving a 20 lb box of food in the freezer, box was stacked at eye level, slid box from top of stack, lost grasp and box began to fall, person then proceeded to catch 20lb box.”*)

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

