

**LOYOLA UNIVERSITY NEW ORLEANS
SUPERVISORS ACCIDENT INVESTIGATION REPORT**

See reverse side for directions to complete this form.

IDENTIFICATION

Department: _____ Date of Accident: _____ Time: _____

Date Reported: _____ Employee Involved: _____

Job Title: _____ Date Employed: _____ SSN: _____

Employee Home Address: _____

Employee Phone: _____ Date of Birth: _____ Gender: _____

Supervisor: _____ Phone: _____

Witnesses: _____ Phone: _____

INCIDENT

Accident Resulted In: Injury Illness Property Damage (\$ Value _____)

Nature of Injury: _____ Part of Body Affected: _____

Type of Accident: _____ Location of Accident _____

ANALYSIS:

Describe Accident: _____

Describe Hazards, Unsafe Conditions or Acts: _____

Describe Underlying Cause or Failures: _____

CONTROLS:

Recommended Corrective Action: _____

Action Taken: _____

Supervisor's Signature: _____ Date: _____

REVIEW

Employee's signature: _____ Date: _____

Director of Risk Management: _____ Date: _____

Comments: _____

This form is to be used to investigate and evaluation on the job accidents and incidents. Please remember an accident investigation is not designed to find fault or place blame. It is an analysis to determine causes that can be controlled or eliminated.

Please use the following for assistance in completing the form. If you have questions, call the Risk Management office @ ext. 3141.

IDENTIFICATION

This section collects information about people involved. If you do not have all of this information, contact employee and/or Human Resources to get it. This section must be completed in full.

INCIDENT

Check appropriate boxes indicating the results of the accident. Attach other reports or documentation that might help explain what happened.

Provide a brief description of the following (be specific):

Nature of Injury - Sprain, contusion, burn, laceration, etc.

Part of Body - Shoulder, arm, back, foot, etc.

Type of Accident - Material handling (pushing, pulling, lifting) fall (slip/trip), fall from elevation, etc.

Location of Accident – If on campus, building and room or location on grounds, if off campus nearest intersection, highway marker or street address.

ANALYSIS

Description of Accident - Describe in detail what happened. Attempt to answer, What, Where, Why, How, When, and the equipment or conditions that were involved.

Describe all hazards(s), condition(s) or act(s) that contributed to the accident:

Unsafe Conditions - Hazards or unsafe physical conditions or circumstances. (i.e., congestion, spills, lighting, housekeeping, defective equipment, poor ventilation, etc.)

Unsafe Acts - Employee work practices such as circumventing guards, leaving spills on the floor, horseplay, failure to use PPE, etc.

Describe all underlying cause(s) or failure(s) that contributed to the accident:

Underlying Causes/Failures - Safety program deficiencies such as ineffective safety rule development/enforcement, ineffective employee training, unsafe job procedure, inadequate lockout or fall protection procedures, etc.

CONTROLS

Whenever hazards, unsafe acts or unsafe conditions and the underlying causes or failures are discovered, corrective actions should be implemented to address these weaknesses, i.e., Development or modification of safety rules/regulations, revision/modification of facility inspection program, correcting the unsafe physical condition, providing employee safety training, conducting a job safety analysis, implementing a safety program or activity, etc.

REVIEW

After supervisor completes and signs this form, the employee should review it, comment, if necessary, and sign the form. It should then be delivered to Risk Management for review.