

Why investigate accidents

- No one else will
- Commitment to Customer
- Find the True Cause
- Eliminate that Cause
- Analyze the entire safety system
- Prevent future fraud claims

Do Not Investigate If

- Just filling out forms
- Just to find out what went wrong
- Just to assign blame

Investigation Techniques

Accident Investigation Kit:

- ✓ Proper forms
- ✓ Tape measure
- ✓ Camera
- ✓ Graph Paper

How to Investigate:

- ✓ Timing is most important
- ✓ Don't jump to conclusion
- ✓ Be a reporter: Who, what, when, where, why and how.
- ✓ Put as much down as possible
- ✓ Secure area if necessary
- ✓ Identify evidence, conditions, maintenance logs, house keeping, past reports, rule violations, history of customer, ect.

Other Tips:

- ✓ Interview at accident scene if possible and have person walk you through event.
- ✓ Interview everyone involved separate
- ✓ Show you concern and keep person relaxed. Meet at their home if necessary
- ✓ Use open ended questions: What happen, walk me through the event, why it happened?
- ✓ Don't ask for witness right away, ask who came to their aid?
- ✓ Repeat answers back to the person once you have written down and let them correct.
- ✓ Ask opinion to eliminate recurrence

ACCIDENT INVESTIGATION

POLICY

All injuries must be investigated by a manager to determine the accident cause(s) and what actions are necessary to prevent recurrence. To accomplish this, the Incident Investigation Form must be filled out in detail.

PROCEDURES

1. Fill in the injured party's name, date and time of the accident, and area where the accident occurred. Indicate any witnesses and attach their statements.
2. Immediately after the accident, or as soon as is medically possible, the manager should write down in detail the events, conditions, and circumstances surrounding the accident. Include part of body affected and the type of accident (slip/fall, etc.).
3. After reviewing the statements, accident scene, and considering any facts brought out during interviews, state what the underlying and direct causes of the accident are.
4. Based on the causes listed above, indicate what corrective actions will be taken to prevent a recurrence of this type of accident.
5. If the accident was caused by faulty equipment or materials, note if a work order (see Facility Inspection section) was submitted. Indicate who is responsible for completing the work and when the work is to be completed.
6. The injured party and the accident investigator should all sign the completed investigation form. This is done only after the form is thoroughly completed.
7. It may be necessary to have the safety committee review the accident in more detail. If this is the case, so note on the form.

MANAGERS INCIDENT INVESTIGATION REPORT

Each incident, whether serious or minor, should be investigated to prevent recurrence. Real causes can be determined and corrected only after thorough investigation. This report should be completed and submitted to management within 24 hours of the incident.

Name of location involved in incident? _____

Date of incident _____ Time of incident _____ AM PM

Who was injured?

Address of injured party?

How long has person been at location?

What property was damaged? _____ Owned by? _____

What was the injured party doing when incident/illness occurred? (Describe step by step.)

Direct cause of the incident?

Part of body affected _____

Any prior physical injury? ___ Yes ___ No

If so, what?

Nature and extent of

injury/illness _____

Fundamental cause(s) of incident

Please indicate which of the following contributed to the incident:

- | | | |
|--|--|--|
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Poor ventilation | <input type="checkbox"/> Trespass |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper safety equipment | <input type="checkbox"/> Operating without authority |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Physical limitation | <input type="checkbox"/> Failure to follow rules |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe area |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Unsafe arrangement or process | |
| <input type="checkbox"/> Improper maintenance of equipment | <input type="checkbox"/> Other _____ | |

What do those involved recommend to prevent similar incidents?

Note: Record any additional information, diagrams, photos, etc., on reverse side.

Manager's Signature _____