Chapter 3 : ACCIDENT INVESTIGATION

INTRODUCTION/OVERVIEW

The sole purpose of an accident investigation is to identify causal factors that directly or indirectly were responsible for the incident in question. At no time should this procedure or any investigation resulting from its implementation be used for any purpose other than to attempt to find the cause(s) of an accident or illness. This accident procedure is applicable to all personnel employed by **CUNNINGHAM PAVING**, regardless of the location of the jobsite.

GENERAL GUIDELINES

The following general guidelines should be followed when faced with a situation requiring an accident investigation.

1. Investigate any injury or illness, that is either work-related, or one which the employee claims is work-related, and requires medical treatment other than first aid.

2. Begin the accident/illness investigations as soon as proper medical treatment for the injured has been secured. The affected employee's immediate supervisor/foreman shall conduct the investigation.

3. Complete these investigation reports on the same shift the incident occurs. If it is not possible to complete the report on the same shift, it should be completed no later than 24 hours after the incident.

4. Forward completed Accident/Illness Investigation Report forms to the Safety Director for his review and comment. Incomplete investigation reports may be returned to the supervisor/foreman for completion.

5. Superintendent or Foreman shall complete the Accident Investigation form and return it the Safety Director within 24 Hours.

PROCEDURE

Follow these steps when conducting any investigation concerning work-related injuries or illnesses.

ACCIDENT/ILLNESS INVESTIGATION

1. Do not disturb the accident site until an adequate review has been conducted.
2. Interview any witnesses or potential witnesses.
3. Consider all aspects of accident/illness. In many cases accidents have multiple causes.

ACCIDENT/ILLNESS REPORT

1. Complete the Accident/Illness Investigation form. ***Remember***: The purpose of any Accident/Illness Investigation is to prevent future accidents and not to affix blame. Avoid the use of such phrases as ***Employee's Carelessness*** or ***Be More Safety Conscious*** in the report. Statements like these do not really explain what happened and generally do not help determine the cause(s) of the incident. If more space is needed to properly explain any aspect of the investigation, write ***See Attached Sheets*** in the appropriate space on the form and continue the description/explanation on blank sheets of paper. The purpose of the report is to clearly explain what happened and to outline what, if any, corrective steps have been taken to avoid any reoccurrence.

2. Notify the site foreman, the project manager, and the safety director in the case of serious or multiple injuries or illnesses. The Safety Director will then notify the appropriate agencies, OSHA, the insurance carrier, etc.

3. File the completed investigation reports in either the employee's personnel file or in a master file separate from the OSHA 300 Log. ***Do Not*** keep **CUNNINGHAM PAVING** Accident/Illness Investigation Reports in the same file as the OSHA 300 Log.

4. Forward a copy of the Accident/Illness Investigation Report form to the Safety Director.

A sample form is illustrated on the next two pages.

OCCUPATIONAL INJURY AND ILLNESS REPORT

EMPLOYER:

CONTACT PERSON: _____

Date of Incident: ____/____/____ (mo.) (da.) (yr.)

Time of Incident: ____:____

Date of Report: ____/____/____ (mo.) (da.) (yr.)

Where did injury occur: _____

Was the accident or exposure on employer's premises? ☐ Yes ☐ No

Name Injured: _____ Job Title: _____

SS#: _____ Home Phone: _____ Employee Eligible for Sick Pay? ☐ Yes ☐ No

Address: _____

Date of Birth: _____ Sex ( )M ( )F

Medical Treatment:

Name of Doctor:		Name of Hospital/Clinic:	
Address:		Address:	
City:	Date of First Treatment:	City:	Date of First Treatment:

Days Replaced on Job: _____days

Class:
- ☐ Fatal
- ☐ Lost Time
- ☐ Restricted
- ☐ OSHA Recordable
- ☐ First Aid Case

First Restricted Day: ___/___/___ Date Returned: ___/___/___ Total Restricted Days: _____

First Lost Day: ___/___/___ Date Returned: ___/___/___ Total Lost Days: _____

Description of Event:

_____

_____

_____

_____

Witness #1: Name _____ Address _____ Telephone # _____

Witness #2: Name _____ Address _____ Telephone # _____

Body Part Injured:

- ☐ Chest
- ☐ Abdomen
- ☐ Digestive Tract
- ☐ Back
- ☐ Hand
- ☐ Finger
- ☐ Leg
- ☐ Ankle
- ☐ Foot
- ☐ Nervous System
- ☐ Head
- ☐ Eye
- ☐ Hearing
- ☐ Arm
- ☐ Knee
- ☐ Skin/Hair
- ☐ Respiratory