

Tips on Accident Investigations

When Should Accidents be Investigated?

Every accidental injury should be investigated and documented as soon as possible. The longer you wait, the harder it is to get the facts. As time passes, evidence is lost and important details are quickly forgotten. Prompt investigation and documentation assures more complete and useful information.

Why Should They be Made?

Accidents do not just happen - they are caused. One of the purposes of accident investigations is to find out what causes them. Once this has been determined, action to eliminate or control the cause can be taken.

Even minor injuries should be investigated, for the seriousness of an accident is frequently a matter of luck. Eliminating the cause of a minor injury today may prevent a serious accident tomorrow. If it happened once - it could happen again.

Who Should Make Them?

The Supervisor should conduct an investigation. While others will probably also want to look into the situation, here are three good reasons why the Supervisor should personally get the facts:

- Employees under supervision are basically the Supervisor's responsibility. This includes responsibility for their safety and welfare.
- Supervisors know the employees and the jobs better than anyone else. They are in the best position to get the facts and find a practical solution to the problem or recognize those problems needing the attention of technical personnel.
- Supervisor's investigation of the accident can help to promote better relations with employees by demonstrating concern for their safety and proving that management is sold on accident prevention.

Investigating incidents is one of the supervisor's most important roles in the safety program. Supervisors should be trained in these skills. Training is available through many sources, including your NCACC Risk Consultants. Also, see the *Incident Investigation Sequence* on page 5 of this section for details concerning how to investigate an accident.

ACCIDENT REPORTING AND INVESTIGATION - LIABILITY, AUTO, PROPERTY

If someone from the Public is injured on premises, assist in seeing that appropriate medical care is summoned.

Public incidents are to be treated with utmost care. Console, comfort and show sympathy but do not admit liability or commit to medical expense. Apologize if appropriate and explain you will submit the proper report to management. Avoid discussion of insurance.

Take the person's name and get the names and telephone numbers of any witnesses.

Notify your Claims Administrator immediately so the incident can be reported.

Complete the required Accident Investigation Report. This report must be completed within 24 hours of the incident.

If an attorney or other representative calls or comes to your location:

- Be courteous but refuse any request to look around or take photographs
- Do not discuss facts or provide details concerning a claim
- Do not allow individuals to interview employees
- Do not discuss insurance coverage or limits
- Refer the attorney or representative to the County Manager/Agency Administrator or the SCMS claims supervisor.

If an attorney or other representative claiming to represent the NCACC or an insurance company calls or comes by your location:

- Ask for proper identification. Do not hesitate to refuse admittance or refrain from giving information until you are sure of their identity.
- Once properly identified, cooperate fully by providing as much information as possible.
- Refer requests for any documents to the County Manager/Agency Administrator.
- If in doubt, or if assistance is required, call the County Manager/Agency Administrator.

INCIDENT INVESTIGATION SEQUENCE

The following is provided as a simple step-by-step guide for completing an incident investigation. It is intended primarily to serve as a guide to investigating work-related incidents, though it can serve for other types of cases.

1. Take note pad and a blank investigation form to the scene of the incident. Remember: simply filling out a report is not an investigation. An investigation is an in-depth look at an incident to determine exactly what happened, what factors caused it to happen, and, from an accident prevention standpoint, what changes and improvements can be made to keep it from happening again. The completed report is simply a written summary of the findings of this investigation.
2. At the scene of the incident, ask questions to determine who, what, where, when and how the incident occurred. A thorough incident investigation involves exploring:
 - A. Basic accident facts
 - Incident agency or source of the incident -- tool, material or equipment involved
 - Type of incident -- fall, struck by object, caught in moving machinery, etc.
 - Part of body affected -- identify part(s) of body injured
 - Exactly what employee was doing at the time of the injury
 - B. Unsafe practices or procedures
 - Departure from accepted, normal or correct procedure
 - Established procedures that are not safe
 - Lack of established procedures
 - C. Behavioral factors
 - Lack of knowledge
 - Disregard of instructions
 - Inadequate training
 - Emotional upset
 - Excessive haste
 - D. Unsafe conditions
 - Physical defects
 - Errors in design
 - Inadequate maintenance
 - Poor housekeeping practices
 - Faulty planning or layout
 - Omission in recognizing safety requirements

- E. Environmental factors
 - Noise
 - Chemical or dust emissions
 - Lighting
 - Temperature extremes
 - Vibration
 - F. Ergonomic factors – the relationship between the employee and the workplace
 - “Fit” between employee and equipment or tools
 - Repetitive motions
 - Materials handling requirements involving excessive forces or reaching or twisting
 - G. Safety Programs -- contributing factors that could be corrected by:
 - Safety policies, procedures, or programs
 - Inspection and/or testing procedures
 - Authorization procedures
 - Safety rules
3. If they are available for questioning, interview the injured employee and any witnesses. Emphasize prevention as your goal and not faultfinding. If the injured person is not available, do not wait for their return to complete your investigation.
 4. Some information may have to be investigated away from the scene of the incident (extent of an employee's training, maintenance records on a piece of equipment, etc.) Investigate elsewhere as necessary.
 5. Review all questions and blanks on the investigation report form and obtain additional information as necessary.
 6. Review all of your notes and facts found during the investigation. Begin recording the results of your investigation on the "Incident Investigation Report". Start by answering all questions on the top half of the report.
 7. List incident causes in the other sections of the form (Job Procedures, Behavioral Factors, Physical Conditions, Ergonomic Factors, and Safety Programs/Policies/Rules). Usually, there are 3 or more causes or contributing factors. Try to list at least 3. Always consider these questions in determining incident causes:
 - A. Was there an unsafe physical condition (water on floor, uneven pavement, unguarded machine, defective equipment, etc.)? If so, what are the underlying causes which allowed the unsafe condition to exist?
 - B. For employee injuries, is there an established safe procedure for completing the task? Did the employee know the procedure (was employee adequately trained)? Is the procedure usually enforced? Was the procedure being followed at the time of the injury? Is a safer procedure needed?
 - C. Did an unsafe action by the injured person contribute to the incident?
 - D. Was the employee properly trained? Is additional training needed? Does the injured employee need additional training? Other employees?

8. Complete other sections on back of the form. Corrective actions are the most important area of the form. It is essential that positive corrective action be taken for each cause or contributing factor identified. Also, more than one type of corrective action may be needed. Remember, making an engineering or other physical change to eliminate a hazard is more effective than training or warning to avoid the hazard.
9. Sign and date the report and send it to the your Manager who will review the report and forward it through proper channels for corrective action, comments, and management review.

INCIDENT INVESTIGATION REPORT

BASIC ACCIDENT FACTS

INJURED EMPLOYEE: _____ **DEPARTMENT:** _____

LENGTH OF SERVICE - With County: _____ On This Job: _____ **AGE:** ____ **SEX:** M F

NATURE OF INJURY: _____

NATURE OF PROPERTY DAMAGE: _____

DATE & TIME -- Of Incident: _____ Reported: _____ Investigated: _____ This Report: _____

Explain if all dates are not the same: _____

INCIDENT DESCRIPTION: Describe exactly what happened, including exactly what the employee was doing and any extenuating circumstances: _____

CAUSATION FACTORS

JOB PROCEDURES: Describe job procedure issues which may have contributed to the incident. Are there established procedures? Did the employee follow prescribed procedure? Were unsafe acts involved? Was EE trained in safe procedures?

BEHAVIORAL FACTORS: Are there behavioral issues, such as lack of knowledge, disregard of instructions, inadequate training, emotional upset, or excessive haste, which may have contributed to the incident? _____

PHYSICAL CONDITIONS: At the incident scene, look at equipment, materials and the environment. Describe the conditions reviewed here or by checking boxes in the list below. Be sure to list any conditions needing corrective action. _____

BASED ON CONDITIONS OBSERVED, CHECK ONE BOX IN EACH ROW AND DESCRIBE ANY DEFICIENCIES:

Lighting	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Walking, working surfaces	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Housekeeping, congestion	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Machinery & equipment	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Layout	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Maintenance	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Noise	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Safety guards & equipment	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____

ERGONOMIC FACTORS AND MATERIALS HANDLING: Investigate any ergonomic or materials handling risks associated with the incident. Describe what you looked at and what you found:

“Fit” between employee and workstation, equipment, tools:

Excessive reaching (distance; repetition)	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Awkward postures	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Work surface (too high, too low, etc.)	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Tool design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Chair design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Lighting / glare	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Equipment design	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Deficient -- Action Needed: _____

Repetitive motions:

Lifting, lowering	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Grasping	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Pinching	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Reaching above shoulder height	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Other reaching	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Bending, twisting	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident
Other: _____	Repetitions/hr: _____ or /shift: _____	<input type="checkbox"/> Contributed to incident

Materials Handling / Overexertion

Lifting, lowering	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Lifting, lowering	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Carrying	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Pushing / pulling	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident
Other: _____	Object: _____	Weight: _____	Distance: _____	Repetitions: _____	<input type="checkbox"/> Contributed to incident

SAFETY PROGRAMS/POLICIES/RULES: Are there contributing factors that safety policy, inspection, testing, training, authorization, rules, etc. could correct if implemented? _____

CORRECTIVE ACTIONS: Number each and state exactly what is to be done. Include responsibility assignment and expected completion date; when complete, check off and fill in completion date.

Rec.No.	Recommended Action	Who will complete?	By When?	Completed / Date
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /
				<input type="checkbox"/> /

Report By: _____

Manager: _____

Date: _____

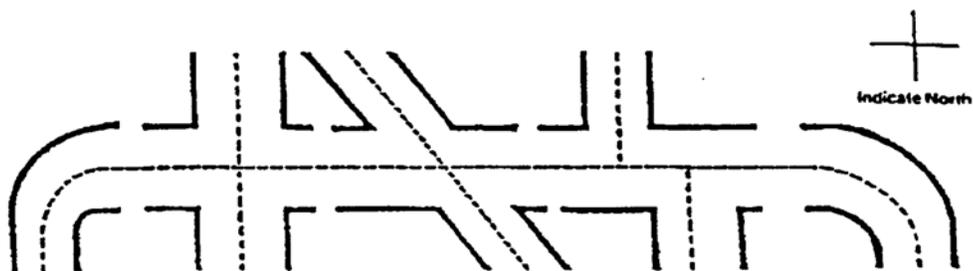
Date: _____

Accident causation factors. Check all that apply.

A N A L Y S I S	VEHICLE OPERATIONS	<input type="checkbox"/> 1 Road surface wet or icy	<input type="checkbox"/> 2 Failure to yield right of way	<input type="checkbox"/> 3 Unnecessary haste	<input type="checkbox"/> 4 Failure to follow standard operating procedures
		<input type="checkbox"/> 5 Poor road conditions	<input type="checkbox"/> 6 Failure to secure doors or cargo	<input type="checkbox"/> 7 Influence of alcohol or drugs	<input type="checkbox"/> 8 Following too close
		<input type="checkbox"/> 9 Unsafe condition of vehicle	<input type="checkbox"/> 10 Failure to use seat belt or shoulder harness	<input type="checkbox"/> 11 Physical limitation or mental attitude	<input type="checkbox"/> 12 Failure to observe traffic signals/signs
		<input type="checkbox"/> 13 Congested roadways	<input type="checkbox"/> 14 Operating vehicle without authority	<input type="checkbox"/> 15 Unaware of hazards	<input type="checkbox"/> 16 Failure to control vehicle
		<input type="checkbox"/> 17 Adverse visibility	<input type="checkbox"/> 18 Lack of skill or knowledge	<input type="checkbox"/> 19 Unsafe act of other	<input type="checkbox"/> 20 Other
BUILDING & GROUNDS	<input type="checkbox"/> 21 Unsafe floors, ramps, stairways	<input type="checkbox"/> 22 Inadequate fire extinguishers	<input type="checkbox"/> 23 Inadequate illumination	<input type="checkbox"/> 24 Blocked exits and hallways	
	<input type="checkbox"/> 25 Improper supply storage	<input type="checkbox"/> 26 Fire or explosion hazards	<input type="checkbox"/> 27 Inadequate ventilation	<input type="checkbox"/> 28 Unmarked exits	
	<input type="checkbox"/> 29 Inadequate warning system	<input type="checkbox"/> 30 Poor housekeeping	<input type="checkbox"/> 31 Tripping hazard	<input type="checkbox"/> 32 Other	
BASIC CAUSES	<input type="checkbox"/> 33 Inadequate hiring standards	<input type="checkbox"/> 34 Inadequate supervision	<input type="checkbox"/> 35 Inadequate preventive maintenance	<input type="checkbox"/> 36 Inadequate policies/procedures	
	<input type="checkbox"/> 37 Lack of proper job procedures	<input type="checkbox"/> 38 Inadequate vehicle inspection standards	<input type="checkbox"/> 39 Improper layout or design of work area	<input type="checkbox"/> 40 Inadequate job planning	
	<input type="checkbox"/> 41 Inadequate enforcement of work standards	<input type="checkbox"/> 42 Inadequate driver training	<input type="checkbox"/> 43 Other:		

MOTOR VEHICLE DIAGRAM

For accidents involving motor vehicles, complete the following diagram showing direction & positions of vehicles involved, designating clearly point of contact.



INSTRUCTIONS:

1. Show vehicles and direction of travel YOUR VEH. OTHER VEH.
2. Use solid line to show path of each vehicle before accident dotted line after accident

CORRECTION ACTION COMPLETED BY:	DATE
---------------------------------	------