

# PICKENS COUNTY ACCIDENT INVESTIGATION FORM

1. DEPARTMENT		2. DIVISION		
3. EXACT LOCATION	4. DATE OF OCCURRENCE	5. TIME	6. DATE REPORTED TO SUPERVISOR	7. DATE REPORTED TO HR
INJURY OR ILLNESS				
8. NAME		14. DATE of BIRTH		
9. OCCUPATION		10. PART OF BODY AFFECTED		15. SUPERVISOR'S NAME
11. NATURE OF INJURY/ILLNESS		16. SENT TO  Doctor  Hospital		17. MISSED DAY(S) OF WORK
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>
Yes	No			
12. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING DAMAGE		18. NAME OF DOCTOR/HOSPITAL		
13. EMPLOYEE'S HOME PHONE		19. EMPLOYEE'S ADDRESS		
PROPERTY DAMAGE				
20. PROPERTY DAMAGED		21. NATURE OF DAMAGE		
22. ESTIMATED COSTS		23. OBJECT/EQUIPMENT/SUBSTANCE INFLECTING DAMAGE		
D E S C R I P T I O N	24. DESCRIBE <b><u>CLEARLY</u></b> HOW THE INCIDENT OCCURRED			
25. WITNESSES		26. TELEPHONE		

\*PLEASE COMPLETE SECOND PAGE\*

		DIRECT CAUSES		BASIC CAUSES
		UNSAFE ACTS	UNSAFE CONDITIONS	WORK SYSTEM
ANALYSIS		Lack of skill or knowledge	Inadequate guards or protection	Inadequate hiring/placement practices
		Failure to follow operating or maintenance procedure/method	Defective tools, equipment, machine or vehicle	Inadequate enforcement of work rules and procedures
		Failure to use guards provided	Congested work area/roadways	Inadequate job instruction/training
		Failure to use personal protective equipment	Unsafe floors, ramps, stairways, platforms	Inadequate safety procedures
		Making safety devices inoperable	Poor housekeeping	Inadequate preventive maintenance
		Operating vehicle, equipment or machine at unsafe speed or unsafe manner	Hazardous atmosphere: gases, dust, fumes, vapors	Inadequate environmental control program
		Using known defective equipment	Hazardous chemicals/substances	Inadequate job planning methods
		Operating without authority	Inadequate warning system	Improper layout or design of work area
		Improper lifting, lowering, or carrying technique	Fire or explosion hazards	Unsafe design or construction of tools, equipment or machine
		Unsafe lifting, lowering or placing	Improper material storage	Inadequate medical monitoring
		Taking unsafe position	Inadequate ventilation	Inadequate supervision
		Influence of alcohol or drugs	Excessive noise	Other
		Physical or mental limitations	Inadequate illumination	
		Unaware of hazards	Radiation exposure	<b>INDIVIDUAL</b>
		Unsafe act of non-employee	Poor road conditions	Pre-existing physical condition
		Other	Limited visibility	New physical impairment/condition
		Adverse weather	Physical impairment due to drug use	
		Other	Learning disability	
			Employee insubordination or dishonesty	
PREVENTION	27. WHAT ACTIONS HAVE BEEN OR WILL BE TAKEN TO REMOVE DIRECT CAUSES? NUMBER ALL ITEMS IN SEQUENCE.		BY WHOM	WHEN
	28. WHAT ACTIONS HAVE BEEN TAKEN TO REMOVE THE BASIC CAUSE? LIST ANY SAFETY PRACTICES THAT CAN BE PERFORMED TO HELP PREVENT SIMILAR ACCIDENTS IN THE FUTURE.			
29. INVESTIGATED BY		30. DATE	31. REVIEWED BY	32. DATE