

OSHA #300 Log#: \_\_\_\_\_ Time & Date Report Started: \_\_\_\_\_  
 Time & Date of Investigation Start: \_\_\_\_\_ Completion: \_\_\_\_\_  
 Place Incident Occurred: \_\_\_\_\_  
 Employee Involved: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Equipment or Process Involved: \_\_\_\_\_  
 Employee Regular Job Title and Work Area: \_\_\_\_\_ Shift: \_\_\_\_\_  
 Work Area and Task Being Performed: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Day: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

**TYPE OF ACCIDENT OR INCIDENT (Check All That Apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Struck Against  | <input type="checkbox"/> Fall (From Different Level)                  | <input type="checkbox"/> Temperature Extreme (Burns, Frostbite, Heat Exhaustion, Heat Stroke, Etc.) |
| <input type="checkbox"/> Struck By (Moving Object)   | <input type="checkbox"/> Fall (From Same Level)                       | <input type="checkbox"/> Overexertion (Results in Strain, Hernia, Muscle Tear, Etc.)                |
| <input type="checkbox"/> Caught in / on / between  | <input type="checkbox"/> Slip (Not a Fall)                            | <input type="checkbox"/> Splash or Sudden Release of Chemical (Personal or Property Damage)         |
| <input type="checkbox"/> Hazardous Energy Release (Electrical, Hydraulic, Chemical, Radiation, Thermal Mechanical, Gravity, Pneumatic) | <input type="checkbox"/> Heart Attack/Stroke                          |   |
| <input type="checkbox"/> Malfunction in Equipment or Machinery   | <input type="checkbox"/> Inhalation, Absorption, Ingestion, Injection |   |
|  | <input type="checkbox"/> Moving Vehicle                               |   |
|  | <input type="checkbox"/> Other  |   |

Describe: \_\_\_\_\_

**AGENCY OF ACCIDENT/INCIDENT**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Machine                    | <input type="checkbox"/> Building (Roof, Door, Wall, Window, Etc.) | <input type="checkbox"/> Boiler Pressure Vessel _____ |
| <input type="checkbox"/> Forklift, Loader           | <input type="checkbox"/> Power Tool                                | <input type="checkbox"/> Noise                        |
| <input type="checkbox"/> Vehicle (Company/Personal) | <input type="checkbox"/> Stairs, Steps, Platforms                  | <input type="checkbox"/> Floor (Level Surface)        |
| <input type="checkbox"/> Mobile Equipment           | <input type="checkbox"/> Chemicals, Dusts                          | <input type="checkbox"/> Electrical Equipment         |
| <input type="checkbox"/> Material Handling          | <input type="checkbox"/> Ladders, Scaffolds                        | <input type="checkbox"/> Hoist or Crane               |
| <input type="checkbox"/> Conveyor                   | <input type="checkbox"/> Hazardous Energy                          | <input type="checkbox"/> Other                        |

Describe: \_\_\_\_\_

**UNSAFE CONDITIONS (Check Any That Apply and Describe)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Defective Equipment | <input type="checkbox"/> Hazardous Method                               | <input type="checkbox"/> Proper Equipment Not Available |
| <input type="checkbox"/> Poor Housekeeping   | <input type="checkbox"/> Floor/Surface Faulty (Icy, Wet Slippery, Etc.) | <input type="checkbox"/> Inadequate Guards              |
| <input type="checkbox"/> None Indicated      | <input type="checkbox"/> Other  |   |

Describe: \_\_\_\_\_

**UNSAFE ACTS (Check All That Are Appropriate and Describe)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Cleaning, Oiling, or Adjusting Moving Equipment | <input type="checkbox"/> Not Using Proper Equipment For Work Being Performed | <input type="checkbox"/> Failure to Wear Personal Protective Equipment                    |
| <input type="checkbox"/> Operating Without Authority                     | <input type="checkbox"/> Not Using Proper Safety Devices                     | <input type="checkbox"/> Unsafe Position or Use   |
| <input type="checkbox"/> Unsafe Clothing or Jewelry                      | <input type="checkbox"/> Unsafe Speed for Conditions                         | <input type="checkbox"/> Horseplay  |
| <input type="checkbox"/> Failure to Lock, Block, or Tag Out              | <input type="checkbox"/> Failure to Warn, Check or Clear Before Starting     | <input type="checkbox"/> Inaction   |
| <input type="checkbox"/> Driving Error                                   | <input type="checkbox"/> Using Unsafe Equipment                              | <input type="checkbox"/> Improper Lifting, Carrying, or Handling of Equipment or Products |
| <input type="checkbox"/> Operating Without Completed                     | <input type="checkbox"/> Failure to Warn, Check or Clear                     | <input type="checkbox"/> No Unsafe Act Uncovered Before Starting                          |
| <input type="checkbox"/> Stopping or Shutting Down                       | <input type="checkbox"/> Other   | <input type="checkbox"/> Training   |
| <input type="checkbox"/> Safety Devices Circumvented                     |  |   |

Describe: \_\_\_\_\_

## OTHER FACTORS THAT CONTRIBUTED TO UNSAFE ACT

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lack of Knowledge or Skill            | <input type="checkbox"/> Act of Other than Injured  | <input type="checkbox"/> Failure to Report                       |
| <input type="checkbox"/> Failure to Follow Rules or Procedures | <input type="checkbox"/> Distracted by _____        | <input type="checkbox"/> Bodily Defects (Pre-existing Condition) |
| <input type="checkbox"/> Lack of Training                      | <input type="checkbox"/> No Other Factors Uncovered | <input type="checkbox"/> Other                                   |

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DESCRIBE ALL CORRECTIVE ACTIONS TAKEN (Immediate, Temporary, and Permanent)

### Immediate Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Temporary Action Taken:

- ☐ Additional Protective Equipment Provided (Describe)    ☐ Additional Training Provided For:    ☐ Hazard or Job Eliminated By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ☐ Any Other Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Permanent Action Taken:

- ☐ Additional Protective Equipment Provided (Describe)    ☐ Additional Training Provided For:    ☐ Hazard or Job Eliminated By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ☐ Any Other Action Taken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERSONAL INJURIES

### Part of Body Affected: (Check All That Apply)

#### Head

- ☐ Multiple
- ☐ Skull
- ☐ Brain
- ☐ Ear(s)
- ☐ Eye(s)
- ☐ Nose
- ☐ Teeth
- ☐ Mouth

#### Upper Extremities

- ☐ Multiple
- ☐ Upper Arm
- ☐ Elbow
- ☐ Forearm
- ☐ Wrist
- ☐ Hand
- ☐ Fingernail(s)
- ☐ Finger / Thumb

#### Trunk

- ☐ Multiple
- ☐ Upper Back
- ☐ Lower Back
- ☐ Disc
- ☐ Chest
- ☐ Sacrum & Coccyx (Tailbone)
- ☐ Pelvis
- ☐ Spinal Cord

#### Neck

- ☐ Multiple Neck
- ☐ Vertebrae
- ☐ Disc
- ☐ Spinal Cord
- ☐ Larynx
- ☐ Soft Tissue
- ☐ Trachea
- ☐ Toe(s)

#### Lower Extremities

- ☐ Multiple
- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Lower Leg
- ☐ Ankle
- ☐ Foot

#### Internal Organs

- ☐ Heart
- ☐ Lungs
- ☐ Scrotum

### Multiple Body Parts

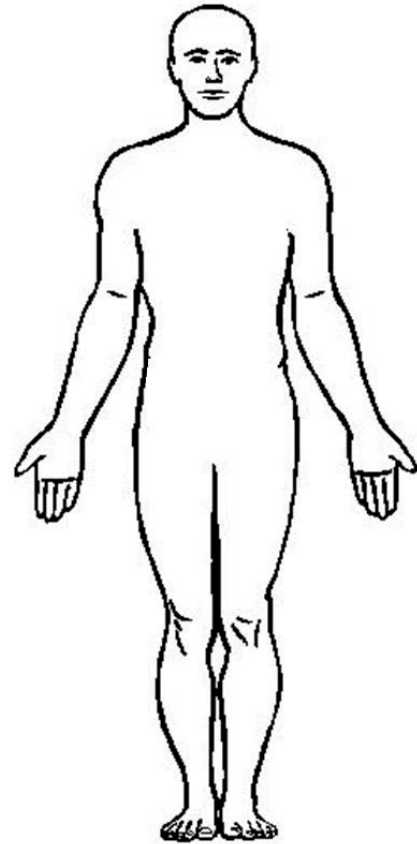
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Other

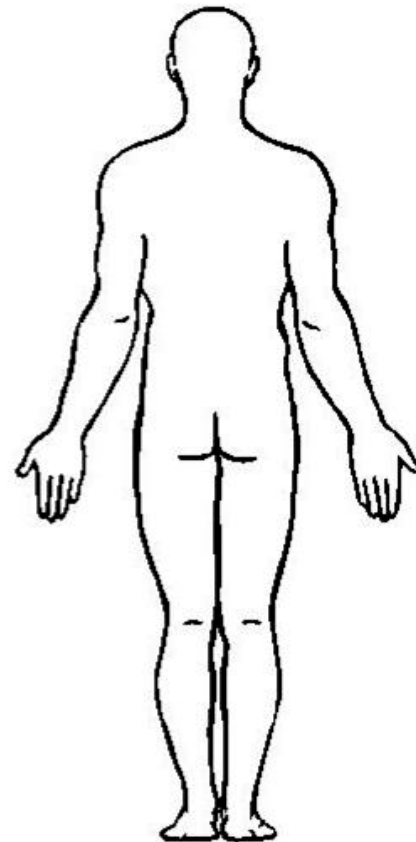
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Specific Nature of Injury: (Check All That Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Amputation            | <input type="checkbox"/> Heat Prostration        |
| <input type="checkbox"/> Angina                | <input type="checkbox"/> Hernia                  |
| <input type="checkbox"/> Burn                  | <input type="checkbox"/> Infection               |
| <input type="checkbox"/> Concussion            | <input type="checkbox"/> Inflammation            |
| <input type="checkbox"/> Contusion (Bruise)    | <input type="checkbox"/> Nerve Damage            |
| <input type="checkbox"/> Crushing              | <input type="checkbox"/> Laceration / Cut        |
| <input type="checkbox"/> Death                 | <input type="checkbox"/> Heart Attack            |
| <input type="checkbox"/> Dislocation           | <input type="checkbox"/> Paralysis               |
| <input type="checkbox"/> Electric Shock        | <input type="checkbox"/> Severance               |
| <input type="checkbox"/> Enucleation (Removal) | <input type="checkbox"/> Sprain                  |
| <input type="checkbox"/> Foreign Body          | <input type="checkbox"/> Strain                  |
| <input type="checkbox"/> Fracture              | <input type="checkbox"/> Vascular (Blood Vessel) |
| <input type="checkbox"/> Freezing              | <input type="checkbox"/> Vision Loss             |
| <input type="checkbox"/> Hearing Loss          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Puncture _____        |  |
| <input type="checkbox"/> Rupture _____         |  |



Please indicate the affected body part on the diagram.



### Consequences:

1. Did the employee complete their shift on the day of the injury?    ☐ Yes    ☐ No
2. Did the employee miss any days of work after the date of injury, due to the injury?    ☐ Yes    ☐ No
3. Has the employee returned to work?    ☐ Yes    ☐ No        If so, on what date? \_\_\_\_\_
4. Has the employee returned to restricted duty?    ☐ Yes    ☐ No        If so, on what date? \_\_\_\_\_
5. What was the Treating Physician's name? \_\_\_\_\_
6. When was the Supervisor notified of the Incident / Accident? \_\_\_\_\_

Estimate the time (hours) work has suspended (use hours and tenths of hours, Example: 15 Minutes = .25 Hours) as a result of this Incident/Accident. Multiply this by the number of employees who stopped working (to assist at the scene, transport to medical attention, cover other duties, etc.) (Example: 5 Employees X .25 Hours = 1.25 Hours Total Work Suspension) \_\_\_\_\_ Total Employee Hours of Work Lost Estimate Dollar (\$) Value of Any Property Lost or Damaged: \$ \_\_\_\_\_

**Describe Damaged or Lost Property:**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**DESCRIPTION OF ACCIDENT/INCIDENT**

### Statement of Employee Directly Involved

**Don't place blame, just describe what happened. List all equipment, tools and machinery involved.**

**Print Name:** \_\_\_\_\_

**Statement:** \_\_\_\_\_

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Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

### DESCRIPTION OF ACCIDENT/INCIDENT

### Statement of Witness

**Don't place blame, just describe what happened. List all equipment, tools and machinery involved.**

**Print Name:** \_\_\_\_\_

**Statement:** \_\_\_\_\_

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Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

### DESCRIPTION OF ACCIDENT/INCIDENT

### Statement of Supervisor

**Don't place blame, just describe what happened. List all equipment, tools and machinery involved.**

**Print Name:** \_\_\_\_\_

**Statement:** Provide a complete and detailed description of all that occurred, equipment involved, and employees involved. Include the extent of any injuries and or property damage. Use additional page if necessary.

[illegible]

Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_





The following instructions are for the Accident/Incident Investigation Report, and should assist you in filling out the report itself. If you have any questions, please contact the Pro Group Safety Division at (800) 859-3177.

**Accident/Incident Investigation Report Information**

- **Time & Date of Investigation**

- **Start:** This is the actual time the investigation began, not the time of the report.
- **Completion:** Time and date last signature is placed on last page.

- **Place Incident Occurred:** Actual location, be specific. Not just 2nd floor but 2<sup>nd</sup> floor 4 foot south of third table saw.
- **Employee Involved:** Full legal name
- **Equipment or Process Involved:** Full and complete description of any and all equipment or processes affected or affecting this incident.
- **Work Area and Task Being Performed:** Be specific. "Driving nail", "setting ladder", "changing blades on table saw", etc.

**Type of Accident or Incident:** This may require more than one check off, please mark all that apply.

**Agency of Accident/Incident:** This is a physical object, mark all that apply.

**Unsafe Conditions:** The physical characteristics of the accident scene that contributed to the incident. These conditions need to be corrected **immediately**.

**Unsafe Acts:** These are behaviors that contributed to the incident, by either the party who was injured or another party who contributed to the cause of the incident.

**Other Factors That Contributed to Unsafe Act:** mark all that apply

**Describe All Corrective Actions Taken:**

- **Immediate action taken;** This is the prompt action taken to prevent a reoccurrence of the incident. This action is taken by the supervisor on duty at the scene. These are extremely important as that they not only reduce the hazard potential, but have a pronounced effect on employee morale. These are prime evidence of a **conscientious supervisor**.
- **Temporary action taken;** This is the action taken while waiting for the permanent actions to be implemented. Some type of temporary action can be taken for every unsafe act or condition. These actions usually will require upper management involvement.
- **Permanent action taken;** These are the actions taken to correct incident causes on a lasting basis. They usually require more time to implement and accomplish but offer durable solutions. These usually require the action of upper management, but supervisors must be sure to follow-up on these measures to ensure they are completed. Do not give weak, generalized prevention measures such as "told him to watch what he was doing in the future." This destroys the effectiveness of the best written report. State the specific, constructive measures taken for prevention, such as; "given written/verbal warning on 2/10/07 for removal of safety guard from machine," or "given proper job instruction in safe use of welding, cutting and brazing equipment on 1/21/07."

## Personal Injuries

- **Part of body affected:** Using doctors report and all available information from injured employee and witnesses, mark all areas that apply.
- **Specific nature of injury:** Same as above.
- **Consequences:** fill out this area completely. If unsure of estimated times and dollars contact general manager for assistance.

**Description of Incident or Accident:** The supervisor may need to assist the employee directly involved and witnesses to insure that this section is completed in a comprehensive fashion. Employees tend to want to blame others in this section, direct them away from placing blame. These reports may be dissimilar, what we see or hear may be based on past experiences, whatever they believed happened is what should be written. Statements of these parties should not be seen by the other parties until after the report is finished.

**Statement of Supervisor:** Based on the investigation the supervisor will need to provide a written report of their findings. This should be a step-by-step account of all events leading up to and contributing to the incident. Use sketches if they will help make the explanation more understandable. Make it complete, but as short and to the point as you can. Include the extent of any injuries and or property damage.

- **Probable Recurrence Rate:** This allows you, the supervisor, to predict the frequency that this incident can be expected to occur. This is only an estimate, but be careful to analyze the incident with an eye to the possibilities.
- **Loss Severity Potential:** This allows the supervisor to rate how serious an incident could have been. Using this section we can relay to upper management how profound the incident could have been, thus the real magnitude of the incident can be shown and special priority attention for corrective measures better assured.
  - The category of "**major**" would be a loss time accident, multiple injuries, shut down of production, major equipment damage, a threat to the community, etc...
  - The category of "**Serious**" would include medical attention, slow down of production, limited equipment damage, etc...
  - The category of "**minor**" includes first aid attention or less, does not affect production, no equipment damage, etc...
- **Disciplinary Action**
  - **Written/verbal warning:** Is a verbal warning to an employee that is documented for their file. **Written warning:** is a signed, documented warning to an employee.
  - **Suspension:** Is the third step in the disciplinary actions but can be implemented at any time should the conditions warrant this severe of action.
  - **Termination:** Is the last level of disciplinary actions and must be taken with great care. All terminations need to be discussed at great length with the plant manager and personnel department.
- **Person with most control over incident:** This refers to the person who had the most control over the object, equipment, or substance that did the injuring or damaging (a cause of the incident). This may be "the pipe fitter, who had just installed the valve from which the gas was leaking," "the employee operating the portable grinder," or "the driver of the forklift." It is not always the person who was injured.
- **Corrective actions:** Include all actions discussed and why those taken were chosen over the others. Include the dates of execution and the dates of culmination. Please note: these findings and all corrective actions need to be discussed and reviewed with all affected employees, including contractor's employees who may be affected.
- **Signatures:** All signatures must be affixed to this document before it is considered completed.