

# SAWs ACCIDENT INVESTIGATION REPORT

<p><b>Description of Accident</b> What was going on? What was the <i>unplanned event</i>, and What were the <i>consequences</i>? A detailed description of what the employee was doing, what event started the incident <i>chain of events</i> &amp; what were the injuries or damages.</p>	
<p><b>Findings</b> A list of <i>facts</i> and <i>observations</i>. List environmental conditions, physical &amp; mental state of employee, weather conditions &amp; witnesses. A fact is hard evidence, which can be substantiated-not opinion or hearsay.</p>	
<p><b>Causes</b> Events, situations, or conditions that existed at the time of the accident (e.g.) Tool or board left on walkway, employee was in a hurry, used the wrong tool, lack of training, etc.). These are potential causes of the incident-not the injury or damage.</p>	
<p><b>Corrective Action(s)</b> <u>What</u> is going to be done? <u>Who</u> is going to do it? <u>When</u> will it be completed? What actions do we need to take to prevent this from happening again? Only by identifying &amp; fixing <b>root causes</b> can we accomplish this.  (Submit completed form and the <i>Initial Accident/Injury Report</i> to the Operations Manager)</p>	

Date of Accident: \_\_\_\_\_ Name of Injured: \_\_\_\_\_

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's Name (print): \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name (print): \_\_\_\_\_