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**SUPERVISOR’S ACCIDENT INVESTIGATION PROCEDURE**

The purpose a Supervisor’s Accident Investigation is to determine the basic unsafe act and/or unsafe physical condition that caused a loss. Once the basic loss cause is identified, remedial action can be taken to reduce the potential for future similar losses. It should be kept in mind that the purpose of an Accident Investigation is not to place blame, but to learn from experience.

The attached Supervisor’s Report of Accident should be filled out whenever an employee suffers a work-related injury. It should be used for all injuries – even minor accidents. When filling out the form, it is important that all sections be completed so that an accurate description of the accident and resulting injury is obtained, the basic cause of the loss is determined, and, most importantly, the necessary remedial action to reduce the potential for a future loss is determined and acted upon.

The form should be completed as follows:

**GENERAL INFORMATION**

This section of the report contains general information including the name of the employee, job title, department, etc. Key points to note are the date the supervisor was informed of the injury, the length of time on the job, any previous accident history, and physical disabilities, the exact location of the accident, and the type of treatment necessary.

**NATURE OF INJURY**

One or more boxes should be checked indicating the type of injury that occurred.

**BODY PART**

One or more boxes should be checked indicating which body part(s) was effected.

**ACCIDENT TYPE**

One of the 18 boxes should be checked indicating the type of accident that has occurred. Note that there are separate boxes for fall on same level, fall to a different level, and slip-not a fall. Also, there are separate lines for lifting and overexertion.

**AGENCY OF ACCIDENT**

This is an indication of the type of activities the individual was involved in when the accident occurred. Was he/she working on a machine, using hand tools, climbing a ladder, etc.? One or more boxes should be checked.

**DESCRIBE ACCIDENT**

A concise description of the accident should be presented.

**BASIC CAUSES OF ACCIDENT**

There are two separate columns, one for unsafe acts of individuals, and the other for unsafe physical conditions. All accidents have a cause – one or more boxes should be checked. Keep in mind that the majority of accidents are a result of unsafe acts of individuals. From statistical studies, approximately 80% of all accidents are the result of unsafe acts.

There is also a section for other contributing factors that may have led to the loss. Depending upon the circumstances, you may or may not check off one of these areas.

The questions “Why was the unsafe act committed?” and “Why did the unsafe condition exist?” should also be answered.

**REMEDIAL ACTIONS**

Under this section, you should indicate the action you are taking to correct the above identified unsafe act and/or unsafe physical condition.

**EVALUATION**

In this portion of the report, regardless of the actual injury that did occur, you should evaluate the potential loss severity. The following definitions should be used: A major injury is one that could have resulted in an amputation or death, a serious injury is a lost workday case, and minor injuries are all others. You should also indicate the probable recurrence rate – how often do you think this type of loss will occur.

At the conclusion of the report, you should indicate what could have been done to prevent this accident. You should also indicate what action is actually being taken to reduce the potential for future similar losses.

SUPERVISOR’S REPORT OF ACCIDENT

Date

Name of Supervisor

Location: Date of Report: Claim No: Informed:

The only way to prevent accidents is to **FIND** and **REMOVE** accident causes.

There is always some cause for an accident (unsafe act, unsafe conditions, or both).

NAME OF INJURED EMPLOYEE: SOCIAL SECURITY NO.:

DATE OF

JOB TITLE: DEPARTMENT: SEX: F M BIRTH:

LENGTH OF EMPLOYMENT: DATE OF HIRE IN THE DEPT. SUPERVISOR

PREVIOUS HISTORY:

PHYSICAL DISABILITIES

DATE OF INJURY: HOUR: AM PM DEPT. WHERE INJURED:

EXACT LOCATION:

WITNESSES:

TREATMENT: 1.  FIRST AID 2.  NURSE 3.  DOCTOR 4.  HOSPITAL 5.  OTHER THAN FIRST AID, DUE

TO DELAYED MEDICAL TREATMENT

DAYS LOST: YES  NO  ESTIMATED NO.

MARK APPROPRIATE DESCRIPTION WITH AN “X” **NATURE OF INJURY**

1.  CUT 9.  PUNCTURE 17.  CONCUSSION

2.  BRUISES AND CONTUSIONS 10.  HERNIA 18.  DISLOCATION

3.  STRAIN OR SPRAIN 11.  GANGLION 19.  ELECTRIC SHOCK

4.  FRACTURE 12.  ABRASIONS 20.  HEARING LOSS

5.  BURN (HEAT) 13.  DERMATITIS 21.  HEAT EXHAUSTION

6.  BURN (CHEMICAL) 14.  IRRITATION 22.  MULTIPLE

7.  FRACTURE 15.  POISONING (INCLUDING 23.  FREEZING

8.  AMPUTATION INSECT & REPTILE BITES) 24.  OTHER

16.  ASPHYXIA

# BODY PART

HEAD & NECK UPPER EXTREMITIES BODY LOWER EXTREMITIES

1.  HEAD 11.  SHOULDER 19.  BACK 24.  HIPS

2.  SCALP-SKULL 12.  UPPER ARM 20.  CHEST-INCLUDING 25.  THIGH

3.  EYES 13.  ELBOW INTERNAL ORGANS 26.  KNEE

4.  EARS 14.  FOREARM 21.  ABDOMEN-INCLUDING 27.  LOWER LEG

5.  NOSE 15.  WRIST INTERNAL ORGANS 28.  ANKLE

6.  FACE 16.  HAND 22.  GROIN 29.  FEET

7.  MOUTH-TEETH 17.  FINGERS & THUMBS 23.  BODY-MULTIPLE 30.  TOES

8.  JAW 18.  MULTIPLE-UPPER 31.  MULTIPLE-LOWER

9.  NECK EXTREMITIES EXTREMITIES

10.  BRAIN 32.  OTHER 33.  MULTIPLE PARTS

# ACCIDENT TYPE

1.  CONTACT WITH 7.  STRUCK BY FALLING OBJECT 13.  UPSET

2.  CAUGHT IN 8.  STRUCK BY SLIDING, ROLLING 14.  LIFTING

3.  CAUGHT BETWEEN OR OTHER MOVING OBJECTS 15.  OVEREXERTION

4.  CAUGHT BY 9.  INHALATION, INGESTION, ETC. 16.  HANDLING

5.  STRUCK AGAINST (ROUGH OR 10.  FALL ON SAME LEVEL 17.  EXPLOSION

SHARP OBJECTS, SURFACE, ETC. 11.  FALL TO DIFFERENT LEVEL 18.  OTHER

EXCLUSIVE OF FALLS) 12.  SLIP (NOT A FALL)

# AGENCY OF ACCIDENT

1.  MACHINE 9.  FLOORS OR LEVEL SURFACES 15.  CONVEYORS (CHUTES,

2.  VEHICLE 10.  STAIRS, STEPS, OR PLATFORMS BELTS, GRAVITY)

3.  HAND TOOLS 11.  BUILDING (DOOR, PILLAR 16.  MATERIAL HANDLED

4.  FOREIGN BODY WALL, WINDOW, ETC.) (PAPER, ROLLS, ETC.)

5.  CHEMICALS 12.  MANLIFT 17.  PALLETS

6.  LADDER OR SCAFFOLD 13.  ELEVATORS (PASSENGER 18.  HOT MATERIAL

7.  ELECTRICAL APPARATUS AND FREIGHT) 19.  WELDING EQUIPMENT

8.  BOILERS & PRESSURE VESSELS 14.  HOIST AND CRANES 20.  OTHER

**DESCRIBE ACCIDENT:** (INCLUDE THE MACHINE, OBJECT, OR SUBSTANCE INVOLVED – ALL DETAILS. USE ATTACHED SHEET, IF NECESSARY)

MARK BASIC CAUSE WITH AN “X” AND CONTRIBUTING CAUSES, IF ANY, WITH AN “O”

UNSAFE ACT: UNSAFE CONDITIONS:

1.  VIOLATION OF A SAFETY RULE 1.  INADEQUATELY GUARDED

2.  HORSEPLAY, DISTRACTING, TEASING 2.  UNGUARDED

3.  FAILURE TO USE PERSONAL PROTECTIVE DEVICES 3.  GUARD NOT REPLACED

4.  OPERATING WITHOUT AUTHORITY 4.  DEFECTIVE TOOLS, EQUIPMENT, OR SUBSTANCE

5.  OPERATING AT UNSAFE SPEED 5.  UNSAFE DESIGN OR CONSTRUCTION

6.  USING DEFECTIVE EQUIPMENT 6.  HAZARDOUS ARRANGEMENT

7.  USING EQUIPMENT, TOOLS, ETC. UNSAFELY 7.  IMPROPER ILLUMINATION

8.  UNSAFE HANDLING (LIFTING, CARRYING, ETC.) 8.  IMPROPER VENTILATION

9.  MAKE SAFETY DEVICES INOPERATIVE 9.  IMPROPER DRESS

10.  FAILURE TO WARN OR SECURE 10.  CONGESTED AREA

11.  WORKING ON MOVING EQUIPMENT 11.  CLIMATE (WINDBLOWN OBJECTS)

12.  POOR HOUSEKEEPING 12.  POOR HOUSEKEEPING

13.  OTHERS 13.  OTHERS

NO UNSAFE ACTS  NO UNSAFE CONDITIONS

**OTHER CONTRIBUTING FACTORS:**

1.  FAILURE TO FOLLOW DIRECTIONS 3.  FAILURE TO GET PROMPT MEDICAL ATTENTION 5.  BODILY DEFECT

2.  LACK OF KNOWLEDGE OR SKILL 4.  ACT OF OTHER THAN INJURED 6.  OTHERS

WHY WAS THE UNSAFE ACT COMMITTED? (INADEQUATE TRAINING, HASTE, ETC.):

WHY DID THE UNSAFE CONDITION EXIST? (POOR WORK HABITS, ETC.):

BASED ON THE CAUSE CHECKED, INDICATE BELOW ACTION YOU ARE TAKING:

UNSAFE ACTS: UNSAFE CONDITIONS:

1.  STOP THE WORKER 1.  REMOVE 2.  GUARD 3.  WARN

2.  STUDY THE JOB 4.  IF SUPERVISOR CAN’T HANDLE,

3.  INSTRUCT (TELL-SHOW-TRY-CHECK) THEN RECOMMENDED TO:

4.  FOLLOW-UP A.  OWN SUPERVISOR

5.  ENFORCE B.  SAFETY COMMITTEE

6.  OTHER (INDICATE) C.  MAINTENANCE DEPARTMENT

D.  OTHER (INDICATE)

5.  FOLLOW-UP

### EVALUATION

LOSS SEVERITY POTENTIAL PROBABLE RECURRENCE RATE

MAJOR  SERIOUS  MINOR  FREQUENT OCCASIONAL  RARE

WHAT COULD YOU HAVE DONE TO HAVE PREVENTED THIS ACCIDENT?

WHAT ARE YOU ACTUALLY DOING TO PREVENT A SIMILAR ACCIDENT?

IMMEDIATE SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAFETY REPRESENTATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INJURED EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERINTENDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAFETY OFFICE – FILL OUT COMPLETELY

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_

TOTAL DAYS LOST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ THIS ACCIDENT WAS PRIMARILY A RESULT OF AN UNSAFE ACT \_\_\_\_\_\_\_\_\_\_ UNSAFE CONDITION \_\_\_\_\_\_\_\_