

Management accident investigation report

Organization name: _____

- Injury—first aid only
- Injury—medical treatment
- Property damage
- Near miss—record only

Injured employee: _____ Occupation: _____

Assigned department: _____ Supervisor: _____

Date of accident: _____ Time of accident: _____

Date accident was reported: _____ Witness: _____

Address and location of accident: _____

SUMMARY: Describe the accident. Use photos or sketches if necessary.

ANALYSIS: Identify possible causes for the accident and how it could have been avoided.

RECOMMENDATIONS: Outline any possible corrective actions that may prevent the recurrence of similar accidents.

ACTION TAKEN: Describe measures taken by management to improve the system (employee training, new equipment, changes in safety policies, changes in operating procedures, etc.) and to prevent occurrence of similar accidents.

CORRECTIVE ACTION	ASSIGNED TO	DATE IMPLEMENTED	NOTES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Report completed by: _____ **Date:** _____

Report reviewed by: _____ **Date:** _____

Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.