

# QUALITY ELECTRIC ACCIDENT INVESTIGATION REPORT

ACCIDENT REPORT NO: \_\_\_\_\_  
ACCIDENT DATE: \_\_\_\_\_  
ACCIDENT TIME: \_\_\_\_\_

## I. COMPANY INFORMATION

Project Name \_\_\_\_\_ Telephone No \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_  
Accident Address (if different than above) \_\_\_\_\_  
Investigator \_\_\_\_\_ Telephone No \_\_\_\_\_ Fax \_\_\_\_\_

## II. EMPLOYEE INFORMATION

Name \_\_\_\_\_ Social Security No \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_  
Department \_\_\_\_\_ Job Title \_\_\_\_\_  
Employment Status ☐ Full Time ☐ Part Time ☐ Temporary ☐ Other \_\_\_\_\_  
Length of Employment ☐ Less than 1 mo. ☐ 1 - 5 mos. ☐ 6 mos. to 5 yrs. ☐ More than 5 yrs  
Time in Occupation at Time of Accident ☐ Less than 1 mo. ☐ 1-5 mos. ☐ 6 mos.-5 yrs. ☐ More than 5

## III. INJURY INFORMATION

Person Reported To \_\_\_\_\_ Date Reported \_\_\_\_\_

Nature of Injury and Part of Body \_\_\_\_\_

Employee's Specific Task and Activity at Time of Accident \_\_\_\_\_

☐ Working Alone ☐ Working with assigned group ☐ Supervised ☐ Not Supervised

### SEVERITY OF INJURY

☐ Fatality  
☐ Lost work days - days away from work  
☐ Days of restricted activity or job transfer  
☐ Medical treatment  
☐ First aid  
☐ Other, specify \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_

NAME AND ADDRESS OF HOSPITAL / CLINIC \_\_\_\_\_

## IV. WITNESSES

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

## V. SCENE OF ACCIDENT INFORMATION

Specific Location \_\_\_\_\_

Describe How the Accident Occurred \_\_\_\_\_

Diagram any Specific Location Factors That Contributed to the Accident:

Type of Equipment / Machinery Involved \_\_\_\_\_

Equipment / Machinery Placed 1. \_\_\_ Out of Service \_\_\_ Repaired \_\_\_  
2. \_\_\_ Out of Service \_\_\_ Repaired \_\_\_  
3. \_\_\_ Out of Service \_\_\_ Repaired \_\_\_

**V I. ACCIDENT SEQUENCE.** Describe in order of occurrence the events leading to the accident and/or injury. Reconstruct the sequence of events that led to the accident.

A. Event #1 \_\_\_\_\_

B. Event #2 \_\_\_\_\_

C. Accident Event \_\_\_\_\_

D. Injury Event \_\_\_\_\_

**VII. CAUSAL FACTORS.** Describe events and conditions that contributed to the accident. Include information on worker, machinery and equipment, environment and management.

**VIII. CORRECTIVE ACTIONS.** Identify the factors listed above that can be corrected to prevent a reoccurrence of this type of accident. Indicate the person responsible for making the change and project a target date for completion of the task. Use the space below to illustrate layout changes.

CAUSAL FACTOR	ASSIGNMENT RESPONSIBILITIES	TARGET DATE FOR COMPLETION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

**IX. SUMMARY.** Include comments that would promote a safe workplace environment and reduce an accidents potential in the future based on review of the Causal Factors and implementation of Corrective Actions.

This Industrial Accident Investigation Report was prepared by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department

If corrective action is required:

Approved by \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title