



Accident Investigation Packet

As part of your [Injury and Illness Prevention Program](#) (IIPP), all employers **must** conduct an internal investigation of all work injuries and illnesses. To help you complete all of the required steps, this packet includes a checklist that lists the steps to take when an accident occurs. After the checklist is completed, the next step to take is filling out the Accident/Near Miss Incident Report. Remember to keep a file for these records so you can refer back to them in the future.

For more information, please review [Accident Investigation - It's a Must](#).



Accident Follow-Up Checklist

Please complete both pages of this checklist followed by completing the Accident/Near Miss Incident Report.

What to do following an accident		Yes	Not Applicable	Date Completed	Initials
Initial Steps					
1.	Identify injured employee/employees.	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Assess the severity of the injury.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Provide form DWC1 to your injured employee within 24 hours of injury.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Obtain medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Ensure all imminent hazards are corrected.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Secure the incident.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Secure all equipment that was involved in the accident.	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Report the injury to your workers compensation provider.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Fill out the form: Annual Summary of Work-Related Injuries and Illnesses (Form 300) unless you are exempt .	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Fill out Employer's Report of Occupational Injury or Illness (Form 5020).	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Notify the nearest Cal/OSHA District Office if injury falls under reporting requirements .	<input type="checkbox"/>	<input type="checkbox"/>		
During the Accident Investigation					
12.	Take photographs, videos, drawing, and measurements.	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Identify hazards.	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Correct hazards.	<input type="checkbox"/>	<input type="checkbox"/>		
Documentation and Interviewing					
15.	Investigate the accident by documenting it in writing (see pages 4 & 5).	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Identify witness/witnesses.	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Explain the purpose of the interview and investigation to the witness/witnesses.	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Interview the witness/witnesses separately and privately.	<input type="checkbox"/>	<input type="checkbox"/>		
19.	If needed, identify a translator for the witness/witnesses.	<input type="checkbox"/>	<input type="checkbox"/>		
20.	Is this a union employee?	<input type="checkbox"/>	<input type="checkbox"/>		
21.	If the answer to #19 is yes, was a union representative present?	<input type="checkbox"/>	<input type="checkbox"/>		

What to do following an accident		Yes	Not Applicable	Date Completed	Initials
	Concluding the Investigation				
22.	Identify the Root cause .	<input type="checkbox"/>	<input type="checkbox"/>		
23.	Retrain all employees if there is a new or previous unrecognized hazard	<input type="checkbox"/>	<input type="checkbox"/>		

I, _____, have conducted this accident investigation to respect the confidentiality of all persons involved.

Investigator's signature _____ Date _____

The above evaluations and/or recommendations are for general guidance only and should not be relied upon for medical advice or legal compliance purposes. They are based solely on the information provided to us and relate only to those conditions specifically discussed. We do not make any warranty, expressed or implied, that your workplace is safe or healthful or that it complies with all laws, regulations or standards.

For more information, visit: www.SafeAtWorkCA.com



Accident/Near Miss Incident Report

Investigating a workplace accident or near miss incident helps you uncover insights that you can use to prevent future accidents and protect your employees. If an injury resulted from an accident, the first step is to report the injury to your workers' compensation carrier right away, and then begin your investigation of the incident. This form does not replace the Employers First Report of Occupational Injury or Disease (Form 5020) claim report. Near-miss incidents—where there was no injury—do not require a report to your carrier, but they are just as important to investigate to find the root cause so you can make the changes necessary that will prevent future accidents.

Please complete both pages of this report. If you need more space, attach additional pages.

Name of Injured Worker:		Job Title of Injured Worker:	
Date of Accident or Near Miss Incident:		Time of Accident/ Incident:	AM PM
Address Where Injury Occurred:			
Nature of Injuries:			
Witnesses to Accident:			
Describe how injury occurred and task performed at time of injury:			
Was employee trained to perform task? If so, list date of training.			

Accident/Near Miss Incident Report, continued

Root Cause of Accident & Contributing Factors:	
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Corrective actions taken to prevent recurrence of same accident:

Timeframe for completing corrective actions and date of completion:

Print Name:		Date:	
Signature:		Date:	
Last Updated By:		Date:	