

IOWA STATE UNIVERSITY

Accident Investigation Report

Case Number*

Send to: EH&S, 1122 EHSSB | (515) 294-5359 | Fax: (515) 294-9357

Department _____		Address _____	
Supervisor _____		Phone _____ E-mail _____	
1. Name of Injured (last, first, middle)		<i>Official Use Only</i>	5. Date of accident
6. Home Address		7. Employee's usual occupation	8. Occupation at time of accident
11. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Student <input type="checkbox"/> Visitor		9. Length of employment <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> 6 mo.- 5 yr. <input type="checkbox"/> more than 5 yr.	10. Time in occup. at time of accident <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> 6 mo.- 5 yr. <input type="checkbox"/> more than 5 yr.
13. Nature of injury and part of body		12. Names of others who witnessed the accident _____	
14. Name and address of physician		16. Time of injury A. _____ a.m. p.m. B. Time shift started C. Type of shift	17. Severity of accident <input type="checkbox"/> Fatality <input type="checkbox"/> Lost workdays - days away from work <input type="checkbox"/> Lost workdays - days of restricted activity <input type="checkbox"/> Medical treatment (Doctor or hospital) <input type="checkbox"/> First aid (on site) <input type="checkbox"/> Other, specify _____
15. Name and address of hospital or clinic			
18. Specific location of accident On ISU property? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Phase of employee's workday at time of injury <input type="checkbox"/> During a rest period <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> During a meal period <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
20. Describe how the accident occurred			
21. Accident sequence. Describe in reverse order of occurrence, events preceding the injury and accident Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury			
A. Injury Event _____			
B. Accident event _____			
C. Preceding event #1 _____			
D. Preceding event #2, #3, etc. _____			

<p>22. Task and activity at time of accident</p> <p>General type of task:</p> <p>Specific activity:</p> <p>Employee was working: <input type="checkbox"/> Alone <input type="checkbox"/> With fellow worker(s) <input type="checkbox"/> Other, Specify</p>	<p>23. Posture of employee</p> <hr/> <p>24. Supervision at time of accident</p> <p><input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised</p> <p><input type="checkbox"/> Not Supervised <input type="checkbox"/> Supervision not feasible</p>
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25. Causal Factors. Events and conditions that contributed to the accident.

26. Corrective Actions. Those that have been, or will be, taken to prevent recurrence.

<p>Prepared by</p> <p>Name:</p> <p>Title:</p> <hr/> <p>Signed _____ Date _____</p>	<p>Approved by</p> <p>Name:</p> <p>Title:</p> <hr/> <p>Signed _____ Date _____</p>
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