



# Accident Investigation Packet

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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.

<b>What to do following an accident</b>	<b>Yes</b>	<b>Not Applicable</b>	<b>Date Completed</b>	<b>Initials</b>
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### Initial Steps

1.	Identify injured employee/employees.				
2.	Assess the severity of the injury.				
3.	Provide form <a href="#">DWC 1</a> to your injured employee within 24 hours of injury.				
4.	Obtain medical treatment.				
5.	Ensure all imminent hazards are corrected.				
6.	Secure the incident.				
7.	Secure all equipment that was involved in the accident.				
8.	Report the injury to your workers compensation provider.				
9.	Fill out the form: Annual Summary of Work-Related Injuries and Illnesses ( <a href="#">Form 300</a> ) unless you are <a href="#">exempt</a> .				
10.	Fill out Employer's Report of Occupational Injury or Illness ( <a href="#">Form 5020</a> ).				
11.	Notify the nearest <a href="#">Cal/OSHA District Office</a> if injury falls under <a href="#">reporting requirements</a> .				

### During the Accident Investigation

12.	Take photographs, videos, drawing, and measurements.				
13.	Identify hazards.				
14.	Correct hazards.				

### Documentation and Interviewing

15.	Investigate the accident by documenting it in writing (see pages 4 & 5).				
16.	Identify witness/witnesses.				
17.	Explain the purpose of the interview and investigation to the witness/witnesses.				
18.	Interview the witness/witnesses separately and privately.				
19.	If needed, identify a translator for the witness/witnesses.				
20.	Is this a union employee?				
21.	If the answer to #20 is yes, was a union representative present?				

<h1>What to do following an accident</h1>	<b>Yes</b>	<b>Not Applicable</b>	<b>Date Completed</b>	<b>Initials</b>
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**Concluding the Investigation**

22.	Identify the <b>Root cause</b> .			
23.	Retrain all employees if there is a new or previous unrecognized hazard			

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](http://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.**

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

*Accident/Near Miss Incident Report, continued*

<b>Root Cause of Accident &amp; Contributing Factors:</b>	
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<b>Corrective actions taken to prevent recurrence of same accident:</b>
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<b>Timeframe for completing corrective actions and date of completion:</b>
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Print Name:		Date:	
Signature:		Date:	
Last Updated By:		Date:	