

# Workplace Accident Analysis Form

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**This form should be completed by the department supervisor after every workplace accident.**

Department: \_\_\_\_\_

Name of injured employee: \_\_\_\_\_

Injured employee's title: \_\_\_\_\_

How long has the employee been employed at IWU? \_\_\_\_\_

How long on this job? \_\_\_\_\_

(If the accident injured more than one person, attach the above information for each additional person injured.)

Witnesses:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

When did the accident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Where did the accident occur? Area: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred?  Yes  No If yes, when?

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What caused the accident?

Carefully consider and list all causes and contributing factors:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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List each corrective action to be taken. Who will do it and when will it be done?

1.

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2.

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3.

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4.

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5.

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6.

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7.

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Has employee been to Human Resources:  Yes  No

Has employee received medical attention:  Yes  No

**Attach photographs, sketches of the scene, or other relevant information.**

**Attach witness statements obtained from each witness.**

**Attach injured employee observations and suggestions for accident prevention.**

Prepared by:

Title:

Date:

Signature:

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Witness Statement for Workplace Accident Analysis

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Name of injured worker: \_\_\_\_\_ Date of accident: \_\_\_\_\_

What was your location in relation to the injured employee when the injury occurred?

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Please describe your observation of the accident:

What are your suggestions to help prevent future accidents such as this?

Witness name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_

## Injured Employee Suggestions for Accident Prevention

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Name of injured employee: \_\_\_\_\_ Date of accident: \_\_\_\_\_

Describe how your accident occurred:

What are your suggestions to help prevent future accidents such as this?

Injured employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee signature: \_\_\_\_\_