

Abbeville County Supervisor's Accident Investigation Form

Department: _____ Date/Time of Accident: _____

Address where accident occurred: _____

City/Town: _____ State: _____ Zip Code: _____

Who investigated the accident? _____

Injury **Illness**

Name: _____ SSN: _____

Address: _____

DOB: _____ Occupation: _____ F/T P/T Volunteer

Describe the nature of the illness or injury (Give as much detail as possible; include areas of body where injury occurred). _____

Property Damage: Private **County** **None**

Name, address and phone number of private owner: _____

Describe what property was damaged and how the damage occurred: _____

Estimated cost of damage: _____ Actual cost: _____

Clearly describe how the accident occurred: _____

List all witnesses to the accident (Include name, address, and phone numbers): _____

Direct Causes		Basic Causes
Unsafe Acts	Unsafe Conditions	Work System
<input type="checkbox"/> Lack of skill or knowledge	<input type="checkbox"/> Inadequate guards or protection	<input type="checkbox"/> Inadequate hiring/placement practice
<input type="checkbox"/> Failure to follow operating or maintenance procedure/method	<input type="checkbox"/> Defective tools, equipment, machine or vehicle	<input type="checkbox"/> Inadequate enforcement of work rules/procedures
<input type="checkbox"/> Failure to use guards provided	<input type="checkbox"/> Congested work area/roadway	<input type="checkbox"/> Inadequate job instruction/training
<input type="checkbox"/> Failure to use personal protective equipment	<input type="checkbox"/> Unsafe floors, ramps, stairways or platforms	<input type="checkbox"/> Inadequate safety procedures
<input type="checkbox"/> Making safety devices inoperable	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Inadequate preventive maint.
<input type="checkbox"/> Operating vehicles, equipment or machine at unsafe speed or unsafe manner	<input type="checkbox"/> Hazardous atmosphere; gases, dust, fumes, vapors	<input type="checkbox"/> Inadequate environmental control program
<input type="checkbox"/> Using known defective equipment	<input type="checkbox"/> Hazardous chemicals/substances	<input type="checkbox"/> Inadequate job planning
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Improper layout or design of work area
<input type="checkbox"/> Improper lifting, lowering or carrying technique	<input type="checkbox"/> Fire or explosion hazards	<input type="checkbox"/> Unsafe design or construction of tools, equipment or machine
<input type="checkbox"/> Unsafe lifting, lowering or placing	<input type="checkbox"/> Improper material storage	<input type="checkbox"/> Inadequate medical monitoring
<input type="checkbox"/> Taking unsafe position	<input type="checkbox"/> Inadequate ventilation	<input type="checkbox"/> Inadequate supervision
<input type="checkbox"/> Influence of drugs or alcohol	<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Other
<input type="checkbox"/> Physical or mental limitations	<input type="checkbox"/> Inadequate illumination	
<input type="checkbox"/> Unaware of hazards	<input type="checkbox"/> Radiation exposure	Individual
<input type="checkbox"/> Unsafe act of employee	<input type="checkbox"/> Poor road conditions	<input type="checkbox"/> Pre-existing physical condition
<input type="checkbox"/> Other	<input type="checkbox"/> Limited visibility	<input type="checkbox"/> New physical impairment/condition
	<input type="checkbox"/> Adverse weather	<input type="checkbox"/> Physical impairment due to drug use
	<input type="checkbox"/> Other	<input type="checkbox"/> Learning disability
		<input type="checkbox"/> Employee insubordination or dishonesty

What actions have been taken to remove the Direct Causes? Who took these actions and when were these actions accomplished? _____

What actions have been taken to remove the Basic Cause? Who took these actions and when were they taken? List any safety practices that can be performed to help prevent similar accidents in the future. _____

Reviewed by Supervisor: _____ Date: _____