



Global Risk Solutions

Incident & Accident Investigation

An incident or accident occurs at your company resulting in a worker injury. What do you do and why?

Incident and accident investigation is a critical activity for an effective risk management program. Reporting and investigating incidents and accidents provides management with an understanding of root causes and a means for implementing corrective actions and preventing future occurrences. The process demonstrates management's commitment to improving safety, engages employee participation and feedback and provides an opportunity to track trends, conditions, and behaviors.

What To Investigate

Incident and accident investigation is a fact-finding mission and not fault-finding. The scope of the investigation applies to any incident/accident resulting in a fatality, injury, or damage to property, equipment, and/or the environment. In order to collect the best data for predicting and preventing future incidents, near misses and OSHA recordables should also be investigated.

Information To Collect and Analyze to Determine and Implement Corrective Actions

- Persons Involved & Background Information
- Accident Description (Who, What, How, Where, When, Why)
- Eyewitness Description
- Accident Type (e.g., Slip or trip, Fall from above, etc.)
- Root Causes

Components of Effective Incident Investigation Programs

- Written Step by Step Procedures
- Data Collection & Documentation
- Trained Investigators
- Employee and Management Engagement
- Root Cause Analysis – Avoid Fault
- Review and Communication of Findings
- Timely Corrective Action Implementation
- Periodic Program Review to Identify and Correct Program Deficiencies and Incident Trends

QBE has developed a customizable Incident/Accident Form and Guide to assist in formalizing your program.

For more information on QBE's Incident Investigation Program, contact your Global Risk Solutions Consultant or the QBE Risk Solutions Center at rsc@us.qbe.com



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Incident/Accident Investigation Report



General Information		
Company Name:	Date:	
Address:		
Investigative Team/Investigator and Titles:		
Name:	Title:	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Accident Information Complete this section for each employee involved in the accident		
Employee Name:	Employee Age:	Sex:
Employee Job Title:	Department:	
Type of Employment:	Length in Current Position at Time of Accident:	
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Other <input type="checkbox"/>		
Length of Time with Company:	Date of Accident:	
	Time of Accident and Shift:	
Location of Accident:		
Accident Description		
Detailed Description of Accident (What was the employee doing just before the accident occurred? What happened? What was the injury or illness? What object or substance directly harmed the employee? If the employee died, when did death occur? Describe the activity, as well as the tools, equipment, or material employee was using). Appendix A contains a suggested list of questions that can be used to describe the accident.		
Include as separate attachments Videos, Photos (see Appendix E), and/or Sketch and Aerial Photo as applicable.		
Description of Accident from Eyewitnesses and Additional Employees with Knowledge (Describe relevant events leading up to, during and after the accident. Include names of persons interviewed, job titles and duration of interviews). Appendix C can be completed for each witness interviewed.		
Accident Type (Check all that apply)		
<input type="checkbox"/> Caught in/between <input type="checkbox"/> Contact electrical current <input type="checkbox"/> Exposure to extreme temperatures <input type="checkbox"/> Exposure to physical agents (e.g., noise, chemical, radiation, etc.) <input type="checkbox"/> Fall at same level <input type="checkbox"/> Fall from above	<input type="checkbox"/> Laceration/Puncture <input type="checkbox"/> Manual Material Handling/Ergonomic <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Slip or trip <input type="checkbox"/> Struck Against <input type="checkbox"/> Struck By <input type="checkbox"/> Vehicular <input type="checkbox"/> Other _____	

APPENDIX A Sample Question Guide for Collecting Information Source: OSHA https://www.osha.gov/dts/InclnvGuide4Emp1_Dec2015.pdf	
WHO?	WHERE?
<ul style="list-style-type: none"> Who was injured? Who saw the accident? Who was working with/near Employee? Who assigned Employee? Who else was involved? (e.g., subcontractors) Who else can help recurrence? 	<ul style="list-style-type: none"> Where did the accident occur? Where was the employee at the time? Where was the supervisor at the time? Where were fellow employees at the time? Where were witnesses when accident occurred?
WHAT?	WHEN?
<ul style="list-style-type: none"> What was the accident? What was the injury? What was the employee doing? What had the employee been told to do? What tools was the employee using? What machine(s) was involved? What operation was the employee performing? What instructions had the employee been given? What types of activity was being performed? (e.g., Routine? Repair?) What specific precautions were to be followed? What protective equipment should have been used? What protective equipment was the employee using? What had other persons done that may have contributed to the accident? What problems or questions did the employees encounter? What did the employee and witnesses do when the accident occurred? What extenuating circumstances were involved? What will be done to prevent recurrence? What procedures/policies were not followed? What new or revised procedures/policies are needed? 	<ul style="list-style-type: none"> When did the accident occur? When did the employee start on the job? When was the employee assigned on the job? When was the employee trained for the job? When were hazards/precautions discussed with the employee? When did the supervisor last check on job progress? When did the employee sense that something was wrong?
HOW?	WHY?
<ul style="list-style-type: none"> How did employee get injured? How could employee have avoided it? How could fellow workers have avoided it? How could supervisor have prevented it – could it be prevented? 	<ul style="list-style-type: none"> Why was the employee injured? Why and what did the employee do? Why and what did other involved persons do? Why wasn't protective equipment used? Why weren't specific instructions given to the employee? Why was the employee in the position? Why was the employee using the tools/equipment/machinery? Why wasn't supervisor there at time?

APPENDIX B Photos	

For more information on QBE's Incident Investigation Programs, contact your Global Risk Solutions Consultant or the QBE Risk Solutions Center at rsc@us.qbe.com

Root Causes	
The Root Causes are the underlying reasons the accident occurred and the factors that need to be addressed to prevent future accidents. Apply the "Five Why" approach to get to the root cause by repeating the question "Why?" For example, if safety procedures were not being strictly followed, why were they not being followed? For more information, refer to OSHA and EPA Fact Sheet "The Importance of Root Cause Analysis During Incident Investigation" https://www.osha.gov/Publications/OSHA3895.pdf	
Appendix D contains sample questions for identifying root causes.	
It is common to find factors that contributed to the accident in several of these areas: Procedures; Hazardous Conditions; Facilities/Equipment/Machinery; Communication; Training; and other factors. If these factors are identified, you must determine why these factors were not addressed before the accident. Use the below listing as an aid to identify the factors that contributed to the accident.	
Check all that apply.	
Procedures	Communication
<input type="checkbox"/> None Developed <input type="checkbox"/> Developed but not followed <input type="checkbox"/> Developed but not trained <input type="checkbox"/> Developed but inaccurate <input type="checkbox"/> Developed but unable to follow	<input type="checkbox"/> Breakdown in communication between employees <input type="checkbox"/> Breakdown in communication between employees and supervisors <input type="checkbox"/> Failure of communication equipment
Hazardous Condition(s)	Training
<input type="checkbox"/> Created by injured employee(s) <input type="checkbox"/> Created by other employees <input type="checkbox"/> Documented but not repaired <input type="checkbox"/> Identified but not formally communicated <input type="checkbox"/> Repaired improperly <input type="checkbox"/> Unidentified	<input type="checkbox"/> Inadequate training <input type="checkbox"/> Incorrect training <input type="checkbox"/> No training provided <input type="checkbox"/> Work performed incorrectly
Facilities/Equipment/Machinery	Other Factors
<input type="checkbox"/> Change in process/materials <input type="checkbox"/> Corrosion/wear <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Ergonomic factors <input type="checkbox"/> Facility layout <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> New equipment <input type="checkbox"/> Poor design	<input type="checkbox"/> Chemical <input type="checkbox"/> Physical overexertion <input type="checkbox"/> Personal protective equipment <input type="checkbox"/> Improper body position <input type="checkbox"/> Light <input type="checkbox"/> Noise <input type="checkbox"/> Atmosphere <input type="checkbox"/> Visibility <input type="checkbox"/> Radiation <input type="checkbox"/> Weather/temperature <input type="checkbox"/> Working long hours/fatigue <input type="checkbox"/> Workload too heavy Other: _____
Recommended Corrective Actions to Prevent Recurrence	
Describe recommended corrective actions to reduce potential for recurrence including proposed timeframe for implementation, responsible parties, and due dates.	
Corrective Actions Taken/Root Causes Addressed	
30 to 90 day corrective action follow up and status.	
Report Preparer	
Name: _____	Title: _____
Date: _____	Telephone: _____
Email: _____	

Appendix C - Accident Investigation - Witness Statement	
Witness Name and Title:	
Date of Interview:	
Name and Title of Person Conducting Interview:	
Accident Date:	
Accident Description:	
Witness Description of immediate events up to, during, and after the accident:	
I have read the above description and agree that it is true to the best of my knowledge:	
Witness Signature: _____	Date: _____

Appendix D Sample Questions for Identifying Root Causes Source: OSHA https://www.osha.gov/dts/InclnvGuide4Emp1_Dec2015.pdf	
<ol style="list-style-type: none"> Did a written or well-established procedure exist for employees to follow? Did job procedures or standards properly identify the potential hazards of job performance? Were there any hazardous environmental conditions that may have contributed to the incident? Were the hazardous environmental conditions in the work area recognized by employees or supervisors? Were any actions taken by employees, supervisors, or both to eliminate or control environmental hazards? Were employees trained to deal with any hazardous environmental conditions that could arise? Was sufficient space provided to accomplish the job task? Was there adequate lighting to properly perform all the assigned tasks associated with the job? Were employees familiar with job procedures? Was there any deviation from the established job procedures? Were the proper personal protective equipment and tools available and being used for the job? Did any mental or physical conditions prevent the employee(s) from properly performing their jobs? Were there any tasks in the job considered more demanding or difficult than usual (e.g., strenuous activities, excessive concentration required, etc.)? Was there anything different or unusual from normal operations? (e.g., different parts, new or different chemicals used, recent adjustments/maintenance/cleaning on equipment) Was the proper personal protective equipment specified for the job or task? Were employees trained in the proper use of any personal protective equipment? Did the employees use the prescribed personal protective equipment? Was personal protective equipment damaged or not properly functioning? Were employees trained and familiar with the proper emergency procedures, including the use of any special emergency equipment and was it available? Was there any indication of misuse or abuse of equipment and/or materials at the incident site? Is there any history of equipment failure, were all safety alerts and safeguards operational and was the equipment functioning properly? If applicable, are all employee certification and training records current and up-to-date? Was there any shortage of personnel on the day of the incident? Did supervisors detect, anticipate, or report an unsafe or hazardous condition? Did supervisors recognize deviations from the normal job procedure? Did supervisors and employees participate in job review sessions, especially for those jobs performed on an infrequent basis? Were supervisors made aware of their responsibilities for the safety of their work areas and employees? Were supervisors properly trained in the principles of incident prevention? Was there any history of personnel problems or any conflicts with or between supervisors and employees or between employees themselves? Did supervisors conduct regular safety meetings with their employees? Were the topics discussed and actions taken during the safety meetings recorded in the minutes? Were the proper resources (i.e., equipment, tools, materials, etc.) required to perform the job or task readily available and in proper condition? Did supervisors ensure employees were trained and proficient before assigning them to their jobs? 	

An Accident Investigation program should only be adopted after review by a trusted legal and/or professional advisor. This sample Accident Investigation Report Template is intended to provide managers with general information to consider in creating an Accident Investigation report template. The intent of the report is to collect information on the accident, conduct a thorough investigation, and identify and implement a corrective action to prevent recurrence. This sample report template does not aim to:

- Identify all components of an accident investigation.
- Comply with any local, state, and/or federal regulations. Your organization must take the necessary steps to ensure compliance with all applicable local, state, and federal regulations related to accident investigation and emergency response.

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