WAGNER COLLEGE

Accident Reporting & Treatment (ART) Form   - Part 3: Accident Investigation

Interview witnesses or co-workers for additional insight.   Attach sheet for additional Info/comments.
Was this the employee's regular work assignment?   Yes   No   If no, was person trained for assignment?   Yes   No

	Causal Factors	Yes	No	Comments	Corrective Action
	Environment				
1.1	Did the work area design contribute to the injury?	☐	☐		
1.2	Was the area cluttered?	☐	☐		
1.3	Did the employee have to be in this area to complete the job?	☐	☐		
1.4	Were other conditions (noise, air contaminants, extreme temperatures, etc.) a contributing factor?	☐	☐		
1.5	Other	☐	☐		
	Equipment/Tools				
2.1	Was the correct equipment being used?	☐	☐		
2.2	Was the correct equipment readily available?	☐	☐		
2.3	Did any defects or change in equipment/material contribute to hazardous conditions?	☐	☐		
2.4	Is regular maintenance done on machinery/equipment?	☐	☐		
2.5	Are there any maintenance logs?	☐	☐		
2.6	Was the employee using PPE (Shoes, apron, goggles)?	☐	☐		
	Method				
3.1	Was the employee performing according to SOP?	☐	☐		
3.2	Was there a better method to perform task?	☐	☐		
	Employee				
4.1	Was safety equipment specified for this job? (List all)	☐	☐		
4.2	Was this equipment being used?	☐	☐		
4.3	Have safety procedures been established for this task?	☐	☐		
4.4	Were safety procedures being followed? If no, why?	☐	☐		
4.5	Was the employee trained on necessary equipment?	☐	☐		
4.6	Was the employee authorized to operate the equipment?	☐	☐		
	Management				
5.1	Were the behaviors that caused the injury/illness observed before?	☐	☐		
5.2	If so, What was done?				
5.3	Does management *require* safe work practices related to this task? If yes, explain. How?	☐	☐		
5.4	Does management follow/support safety procedures?	☐	☐		
5.5	Have safety related changes been made/suggested in this area?	☐	☐		

To Correct Unsafe Acts

☐ Review/ change procedures
☐ Instruct injured person
☐ Instruct others
☐ Process improvement
Explain _____
          _____
☐ Other _____
☐ Discipline injured person
        ☐ Oral   ☐ Written

To Correct Unsafe Conditions

☐ Eliminate condition
☐ Install safety guard
☐ Warn others of hazards
☐ Implement inspections
☐ Request repairs
☐ Vendor:_____
☐ Initiate Ergonomic Review
☐ Other_____

Corrective Actions
Action   Assigned To   Date

1. _____

2. _____

3. _____

4. _____

5. _____

Corrective Actions completed   ☐Yes   ☐ No

Employee: _____   Date: _____

Supervisor/Dept. Head: _____   Date: _____