



National Safety Council

ACCIDENT INVESTIGATION REPORT

CASE NUMBER

COMPANY _____ ADDRESS _____

DEPARTMENT _____ LOCATION (if different from mailing address) _____

1. NAME of INJURED		2. SOCIAL SECURITY NUMBER		3. SEX <input type="checkbox"/> M <input type="checkbox"/> F		4. AGE		5. DATE of ACCIDENT			
6. HOME ADDRESS		7. EMPLOYEE'S USUAL OCCUPATION				8. OCCUPATION at TIME of ACCIDENT					
11. EMPLOYMENT CATEGORY <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Nonemployee <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Seasonal		9. LENGTH of EMPLOYMENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs.				10. TIME in OCCUP at TIME of ACCIDENT <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos. to 5 yrs. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> More than 5 yrs.					
13. NATURE of INJURY and PART of BODY		12. CASE NUMBERS and NAMES of OTHERS INJURED in SAME ACCIDENT									
14. NAME and ADDRESS of PHYSICIAN				16. TIME of INJURY A. _____ A.M. _____ P.M. B. Time within shift C. Type of shift		17. SEVERITY of INJURY <input type="checkbox"/> Fatality <input type="checkbox"/> Lost workdays—days away from work <input type="checkbox"/> Lost workdays—days of restricted activity <input type="checkbox"/> Medical treatment <input type="checkbox"/> First aid <input type="checkbox"/> Other, specify _____					
15. NAME and ADDRESS of HOSPITAL				18. SPECIFIC LOCATION of ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No				19. PHASE OF EMPLOYEE'S WORKDAY at TIME of INJURY <input type="checkbox"/> During rest period <input type="checkbox"/> Entering or leaving plant <input type="checkbox"/> During meal period <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____			
20. DESCRIBE HOW the ACCIDENT OCCURRED											
21. ACCIDENT SEQUENCE. Describe in reverse order of occurrence events preceding the injury and accident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury. A. Injury Event _____ B. Accident Event _____ C. Preceding Event #1 _____ D. Preceding Event #2, #3, etc. _____											