

## Accident/Incident Investigation

*Conforms with OSHA Form 301 Reporting Requirements*

Report Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Report: \_\_\_\_\_  Troy Bridges contacted  
Case # from OSHA 300 Log \_\_\_\_\_  Robbin Robbins contacted

### #1 Project Information

Jobsite Name: \_\_\_\_\_ Job Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contractor: \_\_\_\_\_ LONG Foreman: \_\_\_\_\_  
Contractor Superintendent: \_\_\_\_\_ LONG Project Manager: \_\_\_\_\_  
LONG Safety Manager: Troy Bridges

### #2 Employee/Incident Information

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_ Job Title: \_\_\_\_\_ Wage \$ \_\_\_\_\_ Per Hour  
Years in Occupation: \_\_\_\_\_ Shift Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Male  Female   
Exact location of incident (Bldg/Level/Area): \_\_\_\_\_  
Specific activity at time of incident (i.e., Cutting Sheetrock): \_\_\_\_\_

### #3 Injury/Illness Information

Date of Incident: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
Date reported to Long Building Technologies: \_\_\_\_\_ To Whom Reported: \_\_\_\_\_  
Type of Injury: \_\_\_\_\_ Part of Body Injured: \_\_\_\_\_  
Was First Aid given onsite?  Yes  No If yes, by whom: \_\_\_\_\_  
Was employee taken to a medical facility offsite?  Yes  No Date: \_\_\_\_\_  
Treating Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Transported by:  Ambulance  Company Vehicle  Private Vehicle Name of Driver: \_\_\_\_\_  
Employee returned to:  Regular Work  Modified Work If not, estimated return date: \_\_\_\_\_  
Did injury result in death?  Yes  No Date/Time of death: \_\_\_\_\_ AM / PM  
Was employee hospitalized overnight as an in-patient?  Yes  No

### #4 Incident Designation

Valid Claim  Suspicious Claim  Unknown Claim  Report Only  
Reasons why this is a suspicious claim: \_\_\_\_\_  
 First Aid Incident  Recordable Incident  Lost Time Incident (Days away from work)



## #6 Additional Information

Name of witnesses and others working with injured worker (attach witness statements): \_\_\_\_\_

\_\_\_\_\_

Object, substance, equipment involved in incident (description): \_\_\_\_\_

\_\_\_\_\_

List PPE worn at time of incident: \_\_\_\_\_

Safety equipment and training required for job: \_\_\_\_\_

Does employee normally operate this equipment?  Yes  No

Was employee instructed in the safe use of this equipment?  Yes  No

When/How? Describe in detail and attach copies of equipment certifications. \_\_\_\_\_

\_\_\_\_\_

Was any defect with the equipment noted or reported prior to accident/incident?  Yes  No

If yes, when/what? Describe in detail and attach copies of invoices/work orders. \_\_\_\_\_

\_\_\_\_\_

Were standard work procedures followed?  Yes  No

If no, why not? Describe in detail, attach additional sheets if necessary and attach a copy of the standard site procedures.

\_\_\_\_\_

\_\_\_\_\_

Was a safety rule or specific instruction violated?  Yes  No

If yes, what? Describe in detail, attach additional sheets if necessary and attach a copy of the rule/regulation.

\_\_\_\_\_

When/how was the rule, regulation or specific instruction communicated to the injured worker(s)? \_\_\_\_\_

\_\_\_\_\_

## #7 Signatures

Foreman: \_\_\_\_\_

*Print Name*

*Signature*

Safety Manager: \_\_\_\_\_

Troy Bridges

*Print Name*

*Signature*

Project Manager: \_\_\_\_\_

*Print Name*

*Signature*





## ACCIDENT/INCIDENT INVESTIGATION

### CAUSATIVE FACTORS (ROOT CAUSE):

List the primary and other factors that contributed to the accident/incident. Ask who, what, when and why. Gather details as to specifics of incident. List both direct and indirect factors that may have caused the accident/incident to happen.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_