

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker's Compensation Claims—For Agency Use Only**

(PLEASE TYPE OR PRINT)

1. AGENCY _____
2. ACCIDENT DATE _____ 3. REPORTING DATE _____
4. EMPLOYEE NAME (LAST, FIRST) _____
5. JOB TITLE _____
6. IMMEDIATE SUPERVISOR _____
7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (*USE ADDITIONAL SHEET IF NECESSARY*) _____

8. PARISH WHERE OCCURRED _____ 9. PARISH OF DOMICILE _____
10. WAS MEDICAL TREATMENT REQUIRED _____ Y _____ N
11. EXACT LOCATION WHERE EVENT OCCURRED _____

12. NAME (S) OF WITNESSES _____
13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
14. SIGNATURE _____ 15. DATE _____

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____
17. POSITION/TITLE _____
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION ____ Y ____ N
19. WAS EQUIPMENT INVOLVED ____ Y ____ N (If no, skip to question 20)
- A. TYPE OF EQUIPMENT _____
- B. IS THERE A JSA FOR EQUIPMENT ____ Y ____ N C. DATE LAST JSO PERFORMED _____
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ____ Y ____ N
21. DID INCIDENT INVOLVE SAME INDIVIDUAL ____ Y ____ N
22. SAME LOCATION ____ Y ____ N
23. WAS THE SCENE VISITED DURING THE INVESTIGATION ____ Y ____ N
- A. DATE & TIME _____ B. ARE PICTURES AVAILABLE ____ Y ____ N
- C. IF NO, REASON FOR NOT VISITING _____

ROOT CAUSE ANALYSIS

UNSAFE ACT (PRIMARY): Failure to comply with policies/ procedures Failure to use appropriate equipment/ technique Inattentiveness
 Inadequate/ lack of JSA/ standards Incomplete or no policies/ procedures Inadequate training on policies/ procedures Inadequate adherence of policies/ procedures

Other (specify) _____

Detailed explanation of checked box _____

WHY WAS ACT COMMITTED:

UNSAFE CONDITION (PRIMARY): Inappropriate equip/ tool Inadequate maintenance Inadequate training Wet surface
 Worn/ broken/ defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard

Other (specify) _____

Detailed explanation of checked box _____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED