



ANTIOCH
COLLEGE

Accident Reporting & Investigation Program

SCOPE AND APPLICATION

The objective of the Accident Reporting & Investigation program is to properly and thoroughly investigate accidents, which include injuries and near misses so as to prevent and eliminate them from reoccurring in the future. At a minimum, all accidents resulting in an injury should be thoroughly investigated. Ideally, this would be broadened to include any accident with potential to cause injury or a near miss. Each accident is the result of a failure of some kind that results in an interruption of production or service and should, therefore, be investigated. Remember that the investigation process is not to place blame but a fact-finding mission to eliminate recurrence. All faculty and staff are responsible and accountable for safety on campus.

RESPONSIBILITIES

The Initial Investigation

The Safety Program Administrator is ultimately responsible for overseeing the program. However, the faculty or staff's departments immediate **Supervisor** should make the initial investigation, this in one of the key elements of a successful accident investigation program. The Safety Committee will assist in completing additional investigations after the fact during monthly committee meetings. The supervisor that is responsible for operations in that area is usually the first to arrive on the scene. The supervisor probably knows more about the particular situation, employee, and/or contributing factors than anyone else. This improves the quality and accuracy of the report submitted along with the recommended controls made to produce potential recurrence. Finally, the supervisor will, in most cases, be the one who is required to put these controls into place.

It is essential for supervisors to be proficient at accident investigation techniques and make thorough and accurate completion of reports, part of their job. A review of completed reports can be performed during salary reviews/appraisals to ensure that the supervisor fully understands the importance of this job requirement.

Supplementary Investigations

The Safety Program Administrator and Safety Committee may make a later, on-site, investigation of selected or serious accidents. This is to further review the environment in which the accident took place, take a firsthand look at the work methods or to verify the information provided in the initial report.

Timely Reporting

A **Supervisor's Incident Report/First Report of Injury** (Appendix D) should be completed as soon as possible by the employee's supervisor after an incident/accident has occurred and the HR claims rep and Safety Program Administrator should be notified of the incident/accident within an 8 hour period.

Accident Investigation Report Review Process

The **Incident/Accident Investigation Form** (Appendix C) is utilized by the employee's supervisor and investigation team to review how the incident/accident occurred, perform a root cause analysis and document corrective or preventive measures needed to prevent the accident from occurring in the future. This process is an extremely important factor in the continual success of any Accident Investigation Program. Conditions relevant to the cause of any particular accident may change rapidly so that the longer the time period between the accident and the investigation, the more distorted the facts may become. Obviously, the more distorted the facts become, the less effective the developed controls will be. It shows employees and the supervisor that completed the initial investigation, that management is not only monitoring the accuracy of submitted reports, but is taking all suggestions for controls very seriously. If, for any reason, a recommended control is not going to be completed, the reasons should be explained to the supervisor that submitted it. The supervisor should then relay this information to the applicable employee(s) and/or department(s).

Review of Investigation Reports

The supervisor's immediate superior, the Safety Committee, Safety Program Coordinator and HR Representative should review all accident investigations. This review process can best coordinate the direction of your company's future accident prevention plans.

Review of an accident report should include:

- A. Responsibility for reviewing the information and feasibility or potential effectiveness of the recommended action plan.
- B. Referral of the report to management level where necessary decisions can be made.
- C. Discussion of the action to be taken with the superior that submitted the report.

Please look at the Accident Investigation Chain of Responsibility section that will help you identify your responsibilities based on three (3) levels of accident investigation.

Those basic categories are:

1. Level 1 – A no injury accident or near miss.
2. Level 2 – An injury treated on-site.
3. Level 3 – An injury treated off-site

By following the guidelines and using the associated numbered report forms, this should make reporting much quicker and easier.

BENEFITS OF ACCIDENT INVESTIGATION

ADDITIONAL ACCIDENT ANALYSIS

Reported accidents can be used to develop a database to determine accident trends, repeaters, and establish which departments may be experiencing an adverse loss ratio. This information will assist in focusing safety efforts to those areas with the greatest need or to correct problems before they get out of hand and further injury occurs.

It would also be beneficial to track reported accidents for each employee and maintain these records in that employee's personnel file. This will help supervisors and management to remember the accident experience of individual employees. This can be used to determine certain job classifications with an exceedingly high accident rate, problem employees, training needs, and in some cases, a problem developing. Such as several "minor" back strains reported for an employee that may indicate a potential for significant back injury in the future.

ADDITIONAL BENEFITS OF A PRODUCTIVE ACCIDENT INVESTIGATION PROGRAM

1. Develop better methods;
2. Pinpoint training needs;
3. Show management's concern for employee safety;
4. Add knowledge;
5. The supervisor learns more about specific operations;
6. Documents the accident and allows all levels of management to review the circumstances surrounding its occurrence; and

7. Helps evaluate supervisor's safety performance and awareness.

REMEMBER

The main goal of accident investigation is NOT to place blame but to prevent future accidents thereby improving productivity.

WHY INVESTIGATE ACCIDENTS?

- Accident investigation has one primary goal – to prevent accidents
- It also helps in auditing the effectiveness of the overall safety program
- Employees and management must be educated about the benefits of accidents investigation. Your Loss Control Representative can assist you with training

WHAT ACCIDENTS SHOULD BE INVESTIGATED?

- Ideally, all accidents should be investigated
- It is very important to include, for investigation, any “near miss”
- Institute different levels of investigation depending on accident severity

WHEN SHOULD AN ACCIDENT BE INVESTIGATED?

- Accidents should be investigated as soon as possible after they occur but no later than 24 hours after
- Prompt investigation reflects management's concern for workers

WHO SHOULD MAKE THE INVESTIGATION?

- The supervisor of the area or department should make the investigation
- Supervisory investigations may also be made by others responsible
- The Safety Program Administrator or HR Representative should oversee the investigation
- Ultimate responsibility for taking action rests with management

HOW TO CONDUCT AN ACCIDENT INVESTIGATION

- Follow the Accident Investigation Chain of Responsibility and use the prescribed forms
- Avoid the temptation to quickly assign cause and adopt controls

PURPOSE OF THE NEAR MISS REPORT

Each employee has the ability to spot potential accidents before they result in injury or property damage. Also, some accidents that result in minor injury may have the potential for much greater injury. By correcting the hazards or improper procedures before serious accidents result, many accidents can be prevented.

THIS NEAR MISS REPORT IS TO BE USED FOR REPORTING PROBLEM AREAS IN ORDER TO PREVENT ACCIDENTS. SUPERVISORS ARE TO ENCOURAGE THE REPORTING OF SUCH INCIDENTS.

PREPARATION OF REPORT

1. *Injury potential* – Indicate the most serious injury that could have occurred.
2. *Department(s)/Location* – List the department(s) that were involved at the time of the incident. Some job sites may involve more than one department. Indicate the location of the incident.
3. *Witness(es)* – List all witnesses that could contribute to the investigation. The insights from these witnesses should be included in the report.
4. *Date and Time* – Indicate the date and time of the incident.
5. *Brief Description* – A brief description of the incident should be given. Include enough facts to describe the circumstances involved.
6. *Immediate Corrective Action* – List all corrective actions taken to prevent recurrence of the incident. **EXAMPLE:** In an accident where a box fell from the top of a cabinet, an immediate corrective action would be to remove and/or secure all material from the top of the cabinet.
7. *Recommendation* – Include recommended changes that would prevent recurrence of incident. **EXAMPLE:** Change in materials, change in tools or change in work practices may be the recommendation following an incident. Recommendations should be realistic and include actions taken or planned to prevent injury to personnel, property damage or both.

8. *Action Taken to Prevent Recurrence* – The investigating supervisor will list the actions being taken to prevent a recurrence. This may involve working with and assigning actions to other supervisors.
9. **A MORE DETAILED INVESTIGATION IS REQUIRED WHEN THE FACTS ARE NOT CLEAR OR IF THE PROPER CORRECTIVE ACTION CANNOT BE DETERMINED. YOUR LOSS CONTROL REPRESENTATIVE CAN ASSIST YOU.**
10. *Basic Cause of Incident* – Check the boxes most appropriate to the incident.
11. *INVESTIGATING SUPERVISOR* – List the name(s) of the supervisor(s) of the involved group(s) investigating the near miss.

ACCIDENT INVESTIGATION TECHNIQUES

ON-SITE INVESTIGATION

- A. Should be conducted immediately when the facts are fresh and before witnesses are influenced.
- B. Take names of any chemicals, vapors, etc. that may have been involved in the accident and get copies of MSDS.
- C. Photograph or sketch the accident scene.
- D. Identify the people involved in the accident.
- E. Interview witnesses separately and as soon as possible after the accident. Interview all witnesses who:
 - Saw the event(s) leading up to the accident
 - Saw the accident occur
 - Arrived on the scene immediately after it occurred
- F. When conducting an interview:
 - Interview for facts, not fault
 - Ask non-leading questions
 - Test the information
 - Beware of “smoke screens”
 - Interview privately

+WHERE TO INVESTIGATE?

At the scene, to observe conditions first hand.

WHO SHOULD INVESTIGATE?

The supervisor of the employee to whom the injury occurred since he/she is responsible for virtually everything that happens in that area. Other members of the Safety Committee and the Loss Control Representative may follow up the investigation.

WHO SHOULD REVIEW INVESTIGATION REPORTS?

The person responsible for (or capable of) implementing the plan of action to prevent accident reoccurrence. Beyond that, all those responsible for company safety should be aware of the results of all investigations.

FINDING OUT “WHY” THE ACCIDENT HAPPENED

Once all information is gathered as to “how” the accident happened, find out “why”. Only after this is determined can an effective solution be found to prevent reoccurrence. Break down information into four (4) areas:

- A. The person(s) injured – *WHO*
Include name, job title, part of body injured (hand, leg, left finger), experience, training, etc.
- B. Equipment/facilities/machines – *WHAT*
Include the equipment (hand tool, ladders, lift truck) that was used at the time of the accident and the conditions (i.e. footing, lighting) at the time of the accident
- C. Methods or Procedures – *HOW*
Include the job the employee was performing at the time of the accident and the method that it was performed, normal job duties performed
- D. Environmental/Location – *WHERE*
Include the specific location where the accident occurred and the environmental conditions (i.e. air-quality, heat, cold-ice, wet) at the time or the accident.

After the above areas have been determined, they should be brought together into a series of actions. These actions will be the cause(s) of the accident and therefore, properly done, determine where control measures should be directed. Causes should be specific. General causes will lead to general, less effective solutions.

CONTROL DEVELOPMENT

The development of effective controls is the “pay-off” of the entire accident investigation process. When an accident does occur, it is unfortunate. But a productive accident

investigation will lead to the development of control that may reduce the potential for additional employees to be injured in the future and production interrupted. As previously stated, the quality of the solution or control will directly depend on the quality of the investigation. If a solution does not readily present itself, further investigation is required. Recommendations for controls aimed at reducing future injuries should include both:

1. *Physical Controls* – Will immediately control the identified hazard or exposure.
2. *Administrative Controls* – Will ensure that the hazard or exposure remains controlled over time.

When developing controls remember it is easier to change things, then people. Therefore, it is best to attempt to control the equipment, facilities, machines, etc. (WHAT) first, (WHEN) the methods/procedures (HOW) second, the environment/location (WHERE) third, and the person(s) (WHO) last.

ACCIDENT INVESTIGATION CHAIN OF RESPONSIBILITY AND DISTRIBUTION REQUIREMENTS

Level 1 Accidents:

- ◆ No injury, accident (near miss)
- ◆ Report complete within 24 hours of event by Supervisor or employee
 - Copy to:
 - Safety Program Manager
 - Antioch Safety Committee
 - Department manager

Level 2 Accidents:

Injury treated on-site

- ◆ Investigation and report complete within 24 hours of event by Supervisor or designee, who will copy:
 - Safety Program Coordinator
 - HR Claims Representative
 - Department Manager
 - Antioch Safety Committee

NOTE: May be escalated to Level 3 by Safety Program Manager or HR claims representative.

Level 3 Accidents:

- ◆ Injury treated off-site
- ◆ Investigation and report complete within 4 hours by Supervisor or designee.
 - Safety Program Manager
 - HR Claims Representative

- Ohio BWC Representative
- Finance & Operations Manager
- Antioch Safety Committee

APPENDIX A – SPECIFIC ASSIGNED RESPONSIBILITIES

The following are specific assigned responsibilities under this Accident Investigation Program. The purpose of these assigned responsibilities is to increase ownership in the program at all levels as well as ensuring implementation and compliance with the elements of the program.

Associates identified in each tier group are responsible for performing those specific assignments.

Manager:	Assignment:
Hr Claims	File Report With Ohio BWC
Safety Program Administrator	Accident Investigation
Safety Program Administrator	Osha 300 Log
Department Managers	Fill Out Injury Report For Direct Reports
Safety Committee	Assist With Accident Investigation

Supervisor:	Assignment:
Admissions Director	Fill Out Accident Report For Direct Reports
Advancement Director	Fill Out Accident Report For Direct Reports
Alumni Relations Director	Fill Out Accident Report For Direct Reports
Hr Manager	Fill Out Accident Report For Direct Reports
Co-Op Director	Fill Out Accident Report For Direct Reports
Wellness Director	Fill Out Accident Report For Direct Reports
Faculty Dean	Fill Out Accident Report For Direct Reports

Employee:	Assignment:
Residential Housing Supervisor	Fill Out Accident Report For Student Injuries Or Incidents
Residential Life Mangers	Assistance With Medical/First Aid Or Transport Of Injured Students

Others:	Assignment:
“As Designated”	Fill Out Accident Report For Direct Reports As Designated By Department Manager Or Director

APPENDIX B – ACCIDENT INVESTIGATION PROGRAM

TRAINING ATTENDANCE SHEET

DATE:	
INSTRUCTOR:	
TRAINING A/V MATERIALS:	

NAME:	DEPARTMENT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	



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Appendix C – Incident/Accident Investigation Form

Date of Accident: _____

Department(s): _____

Location: _____

Date of accident: ____/____/____ Time: _____

Who was injured and/or what equipment damaged?

Brief Description:

Check One:

- Level 1 - A no injury accident or near miss.
- Level 2 - An injury treated on-site.
- Level 3 - An injury treated off-site

Work Experience:

If non-employees were involved, what activities were other individuals engaged in at the time of accident? If damaged property, whom did it belong to?

Can it happen again: _____ What has been done to prevent a recurrence?

What other control measures can be taken and by whom?

Basic Cause

Lack of/wrong equipment? _____

Personal physical condition? _____

Proper PPE Worn? _____

Lack of knowledge or training? _____

Unsafe working conditions? _____

Wrong method? _____

Other? (Describe) _____

Unsafe Act or Practice? _____

Witness to Event? _____

Report Completed by: _____

Date: _____

Distribution List (Check all Appropriate):

Supervisor/Department Manager

Safety Program Manager

Hr Claims Representative

Safety Committee

Ohio BWC Representative

Finance & Operations Manager

Other: _____

Appendix D: SUPERVISOR INCIDENT REPORT: FIRST REPORT OF INJURY

Last Name, First Name, Middle Initial:	
Home Mailing Address:	
City:	State: Zip: Telephone No:
Date of Birth:	SS#: Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date Hired:	Job Title:
What days of the week do you usually work: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	
Regular work hours: From _____ To _____	
Date and Time of Incident:	Date and Time Reported:
Date Last Worked:	Date Returned to Work:
Employer Name:	
Mailing Address (street/city/zip):	
Location if different from mailing address:	
Description of Incident (Use additional sheets of paper, if more space is needed)	
Employee Signature:	Date:
Supervisor Signature:	Date:
Employer Policy Number: 1590656	Manual Number:
Phone No:	Fax No:
Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Certification – The employer certifies that the facts in the application are correct and valid.	
<input type="checkbox"/> Rejection – The employer rejects the validity of this claim for the reason(s) listed below.	
<i>Employer Signature and Title</i>	<i>Date</i>

