



Accident investigation and analysis report

IDENTIFICATION OF THE VICTIM OR WITNESS

Name		
First name		
Function		
Gender	Date of birth	
Address		
City	Province	Postal code
Phone	Email	
Status	Project/Course	

CIRCUMSTANCES

What was the person doing at the time of the accident?	
Did the accident occur at the regular job or during regular duties?	
Has the victim completed his or her work or training day?	

EVENT DECLARATION

Date of the event	Time
Exact location of the event	
Date of the declaration	Time
Was there any first aid?	By whom?

INJURY(S) OR DAMAGE(S)

Nature of the injury		
Pain	Sprain/Fracture	Other (please specify)
Wound/Laceration	Intoxication	
Burns	Crushing/Contusion	
Describe the injury or discomfort, if applicable, specify the body part		



Do you know if a similar event or injury has occurred in the past? If so, please describe

Material damage

Please indicate the equipment or goods involved (describe size, type, weight...)

Describe the damage and the approximate value

GATHERING OF FACTS *(you may attach additional sheets if needed)*

Time <i>(day, shift...)</i>	Individual <i>(experience, skills, behaviors...)</i>
Equipment <i>(product, tool, furniture, condition...)</i>	Task <i>(work done, procedure, sequence...)</i>
Location <i>(temperature, noise, lighting, dress...)</i>	Work organization <i>(number of workers, communication, planning...)</i>



TESTIMONIALS

Name of witness 1

Comments

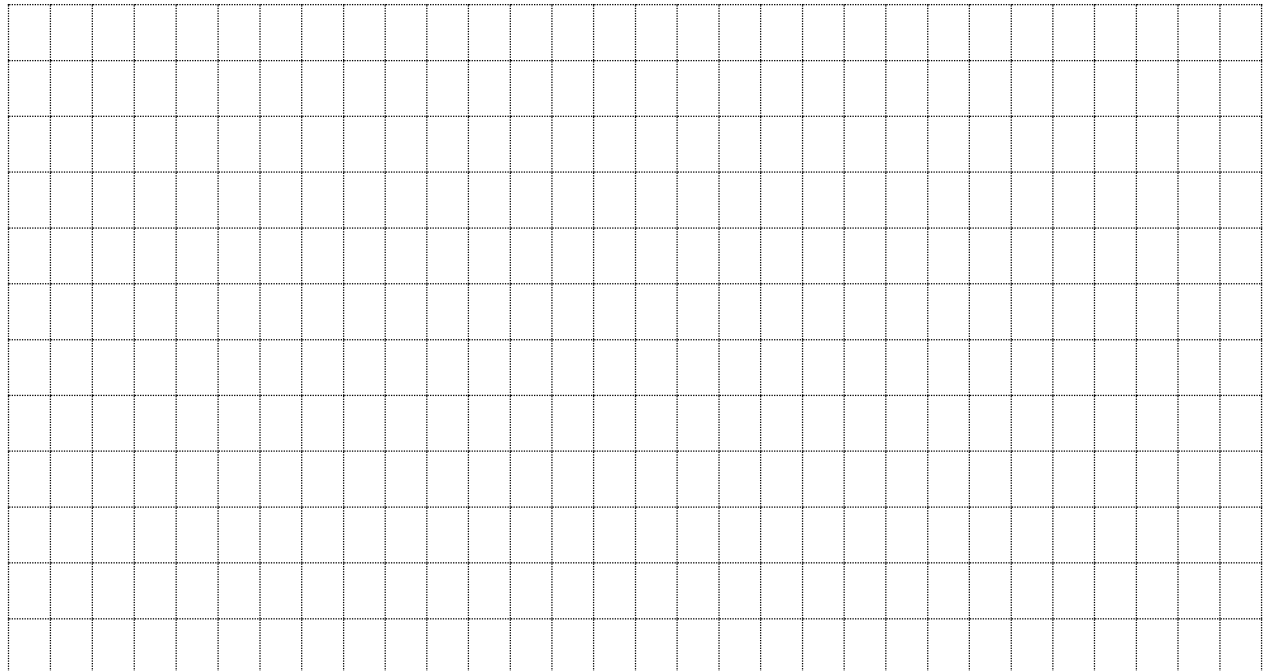
Name of witness 2

Comments

Name of witness 3

Comments

SKETCH AND DIAGRAM





SEQUENCE OF EVENTS

Please describe as accurately as possible the sequence leading up to the event.

- *What did the person do?*
- *What happened just before the accident?*
- *How did the accident happen?*
- *In what order did it all happen?*
- *Describe the condition of the premises (before and after)*
- *Was the task supervised or unsupervised?*
- *What are the movements or positions adopted?*



ANALYSIS OF THE ACCIDENT

ANALYSIS GRID						
Analysis of the accident			Corrective measures			
Factors		Why?	Corrections	Details		
Unwanted situation(s) related to the accident?	Desired situation ?	Why did the unwanted situation occur?	Suggested way(s) to avoid repetition	Managers and staff	Deadline (YY/MM/DD)	Completed on (YY/MD)



COMMENTS

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Signature	Date
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Once completed, please forward the document with all supporting documentation to
hs@siriusmed.com

SECTION RESERVED FOR MANAGEMENT

MANAGEMENT COMMENTS

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Signature	Date
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Approval of the report ?

Registration in the accident register?