The primary reason accident investigations fail to help eliminate similar accidents is that some report forms unfortunately address only correcting surface causes. Root causes are often ignored. Let's take a look at one format for ensuring an effective report.

SAMPLE ACCIDENT ANALYSIS REPORT

Victim:				
WHO Victim:	Prepared b	у	_	
Victim:	N I. BACKGROUN	ID		
Job Title Length of Service Witnesses (2) Address Phone (H) (W) Job Title Length of Service Date Time of day Work shift Date Accident Reported EDepartment Location Equipment WII. DESCRIPTION OF THE ACCIDENT PROCESS. (Describe the sequence of relevant every aring, and immediately after the accident. Attach separate page if necessary) Pre-injury events: (-6)	WHO Victim:			
Date Time of day Work shift Date Accident Reported EDEPARTMENT Location Equipment NII. DESCRIPTION OF THE ACCIDENT PROCESS. (Describe the sequence of relevant every suring, and immediately after the accident. Attach separate page if necessary) Pre-injury events: (-6)	Witnesses (1) Job Title	Address Length of Service	Phone (H)	(W)
Date Accident Reported	Witnesses (2) Job Title	Address Length of Service	Phone (H)	(W)
Date Accident Reported				
DepartmentLocationEquipment III. DESCRIPTION OF THE ACCIDENT PROCESS. (Describe the sequence of relevant every partial sequence) Pre-injury events: (-6)	Date	Time of day	Work shift	
DepartmentLocationEquipment III. DESCRIPTION OF THE ACCIDENT PROCESS. (Describe the sequence of relevant every partial sequence) Pre-injury events: (-6)	Date Accident Rep	oorted		
N II. DESCRIPTION OF THE ACCIDENT PROCESS. (Describe the sequence of relevant every partial page) Pre-injury events: (-6) (-5) (-4) (-3) (-2) (-1) Injury event: (0) Events after: (+1)	E			
re-injury events: (-6)	Department	Location	Equipm	ent
(0)				e of relevant events
events after: (+1)	(-5) (-4) (-3) (-2) (-1)			
(+1)	(-5) (-4) (-3) (-2) (-1) Injury event:			
(+1) (+2)	(-5) (-4) (-3) (-2) (-1) Injury event:			
\ · • /	(-5) (-4) (-3) (-2) (-1) Injury event:			
(+3)	(-5) (-4) (-3) (-2) (-1) Injury event: (0) Events after: (+1)			

_	Surface Cause(s) (Unsafe conditions and/or behaviors at any level of the organization)
	Justification: (Describe evidence or proof that substantiates your finding.)
F	Root Cause(s) (Missing/inadequate Programs, Plans, Policies, Processes, Procedures)
_	lustification: (Describe evidence that substantiates your finding.)
- - -	
•	Results. (Describe the intended results and positive impact of the change.)
- - -	Results. (Describe the intended results and positive impact of the change.)
-	Results. (Describe the intended results and positive impact of the change.) System improvements. (To revise and improve the programs, plans, policies, processes, and procedures that indirectly caused/allowed the hazardous conditions/unsafe behaviors.)

Responsible Individual:	Date Closed:
Responsible Individual:	Date Closed:
ow-up actions:	
_ Title	
	ow-up actions:

SECTION VII: ATTACHMENTS: (Photos, sketches, interview notes, etc.)