Safeco Insurance

Accident Investigation Report

Employee Name:	_____	**Date of Accident:**	_____
Occupation:	_____	**Time of Accident:**	_____
Location:	_____	**Date of Report:**	_____
		Prepared By:	_____

Unsafe Condition	**Unsafe Act**
❑ Improper Machine Guarding	❑ Operating Without Authority
❑ Defective Tool	❑ Bypassed Safety Device
❑ Slip, Trip or Fall Hazard	❑ Improper Lifting
❑ Inadequate Lighting	❑ Lack of Personal Protective Equipment
❑ Improper Ventilation	❑ Using Defective Tools or Equipment
❑ Poor Material Storage	❑ Improper Use of Tools
❑ Gases, Fumes, Vapors	❑ Failure to Lock Out Equipment
❑ Fire Hazard	❑ Failure to Properly Secure Materials
❑ Other: _____	❑ Taking Unsafe Position
_____	❑ Other: _____
	_____

Nature of Injury		**Part of Body**	
❑ Cut	❑ Chemical Burn	❑ Skull	❑ Back
❑ Puncture	❑ Burn Other	❑ Face	❑ Thigh
❑ Abrasion	❑ Fracture	❑ Eye	❑ Knee
❑ Amputation	❑ Foreign Object	❑ Neck	❑ Calf
❑ Bruise	❑ Inhalation	❑ Shoulder	❑ Foot
❑ Strain	❑ Electrical Shock	❑ Arm	❑ Ankle
❑ Sprain	❑ Other: _____	❑ Elbow	❑ Toe
		❑ Hand	❑ Abdomen
		❑ Finger	❑ Eye
		❑ Chest	❑ Nose
		❑ Abdomen	❑ Other: _____

Type of Injury:	❑ First Aid	❑ Doctors Case	❑ Fatality

Describe How The Accident Occurred: _____

_____

_____

Corrective Action Taken: _____

Note: This is a company form to be completed by the supervisor and does not replace any OSHA form, any state first report of injury form or any insurance claim form.