

SUBJECT	ISSUED BY	EFFECTIVE DATE
<b>ACCIDENT INVESTIGATION POLICY</b>	<b>CITY COUNCIL</b>	<b>NOVEMBER 2, 2009</b>

**POLICY STATEMENT:**

This policy is intended to help employees conduct effective accident investigations. This will help reduce workplace injuries and illnesses.

**PROCEDURE:**

Employees are required to immediately report to their supervisor all accidents that result in injury or property damage. Supervisors will immediately report accidents to City Hall.

All accidents with injury or property damage will be investigated by the accident investigation team. The accident investigation team shall be comprised of the affected employee's immediate supervisor, the city administrator, and one other city employee appointed by the City Administrator. In the event that the accident involves the City Administrator, the investigation team will consist of three members appointed by the Mayor. They will utilize whatever tools are necessary to complete an effective investigation, e.g. flashlight, camera, barrier tape, tape measure, etc.

The investigation team shall fill out the proper accident forms with the information requested.

Accident investigations shall be performed within three (3) working days after each accident.

The steps in gathering information shall include:

1. Name of affected employee/individual, department working for, and employee's supervisor.
2. Draw a map of the scene if necessary, including location of employees, witnesses, equipment and other pertinent information.
3. Photos of the scene if necessary.
4. Record all observations at the scene, environmental conditions, date and time, condition of the worker, machine, tool or equipment involved, and task employee was performing.

Obtain as much information from each witness as possible. Each witness should be interviewed separately.

Recommendations for corrective actions shall be made in writing and tracked until completed.

**POST-ACCIDENT TESTING**

Employees who are involved in an accident may be tested for the presence of drugs and/or alcohol following an accident or other occurrence that involves one or more of the following covered events: a fatality, an injury to an employee or other individual, or damage to vehicles and/or other property. This shall be done in accordance with the City's current drug testing policy.

Approved By: \_\_\_\_\_  
Harold H. Jones, Jr., Mayor

**ACCIDENT INVESTIGATION FORM**

Incident Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFECTED INDIVIDUAL(S) INFORMATION**

Employee:  \_\_\_\_\_ Non-Employee:  \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Injuries reported (if applicable) \_\_\_\_\_  
\_\_\_\_\_

Category:  First Aid  Medical  Lost Time  Fatal  Minor Damage  Severe Damage

Probability of Recurrence:  Rare  Occasional  Frequent

First Aid Treatment Given/By: \_\_\_\_\_  
\_\_\_\_\_

If employee has been seen by, or intends to see a doctor, indicate name, address, and date of visit:  
\_\_\_\_\_  
\_\_\_\_\_

Property/Equipment damage incurred and cost (indicate actual or estimate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Job being performed at time of occurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a written safety policy?  Yes  No If Yes, was it followed?  Yes  No

If No, please explain \_\_\_\_\_

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Other individuals involved: \_\_\_\_\_

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Witnesses: \_\_\_\_\_

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Describe events that preceded the occurrence: \_\_\_\_\_

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Describe the factors that were the most direct cause of the occurrence: \_\_\_\_\_

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What corrective action will prevent another occurrence? \_\_\_\_\_

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\_\_\_\_\_  
Signature of Investigation Team Member

\_\_\_\_\_  
Signature of Employee Supervisor

\_\_\_\_\_  
Signature of City Administrator

ACCIDENT/INCIDENT WITNESS STATEMENT

(PLEASE PRINT)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Time of Incident: \_\_\_\_\_  
Incident Location: \_\_\_\_\_

Describe incident in detail: \_\_\_\_\_  
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Signature of Witness