

EMPLOYEE INJURY INVESTIGATION FORM

Job No.	Job Name:		
Job Location:	Date of Occurrence:	Time:	Date Reported:
Name of Injured or Ill			
Occupation:			
Part of Body Affected			
Nature of Injury or Illness:			
Object, Equipment, Substance, or task inflicting injury or illness:			
Witnesses:			
Name/Employer/Supervisor	Phone Number	Email Address	Physical Address
DESCRIPTION:			
Describe clearly how the accident occurred:			
Did the injured leave work?	Date	Time:	
Doctor:			
Hospital:	Expected date of return:		
ANALYSIS			
What acts, failures to act and/or conditions contributed most directly to this accident or loss?			
PREVENTION			
What action has been or will be taken to prevent recurrence? (place an "X" by items completed)			
Investigated by:	Title:	Date	

JOBSITE INCIDENT/ACCIDENT INVESTIGATION FORM

Job No.	Job Name:		
Job Location:	Date of Occurrence:	Time:	Date Reported:
Type of loss (fire, theft, water, etc):	Severity of Loss:		
Reported to Police Department? Name of Agency, Officer, Report Number, Contact Information:			
Witnesses:			
Name/Employer/Supervisor	Phone	Email	Address
Date/Time of Last Safety Inspection:			
Checks (Prior to Incident and After):			
Results of the above checks:			
Weather Conditions (Temperature/Visibility/Raining/Sunny/Etc.)			
Describe surface and condition, lighting, any foreign material			
Describe clearly how the accident occurred:			
Is there any third party property damage involved? If yes, provide the type of property damaged a description of the damage:			
Make note of any statements made by the injured party regarding their own negligence that may have contributed to the incident.			

JOBSITE INCIDENT/ACCIDENT INVESTIGATION FORM

ANALYSIS		
What acts, failures to act and/or conditions contributed most directly to this accident or loss?		
PREVENTION		
What action has been or will be taken to prevent recurrence? (place an "X" by items completed)		
Investigated by:	Title:	Date

INCIDENT/ACCIDENT PROCEDURES

Vehicle Accident

For Processing, please forward the following to the safety department:

1. Police Report
2. For an "at fault" accident or an accident with injuries, a drug/alcohol test must be performed within two hours.
3. Driver's statement of what happened, including name, address, phone number, email address. Signed and dated.
4. Any witness statements, including name, address, phone number, email address. Signed and dated.
5. Photographs of the incident. Include a photo of the accident scene, the vehicle(s)/equipment involved. Aim the camera towards each corner of the vehicles or equipment (even if there is no damage present).
6. Do not admit any liability or make statements based on opinion. All statements should be objective in nature.

Employee Injury - EMERGENCY

1. Call 9-1-1 or a site (customer) designated emergency number (This should be identified at the beginning of project)
2. Designate an individual to escort EMS to the injured person
3. Follow injured to the hospital.
4. REMEMBER- A supervisor MUST escort the individual to the doctor/clinic/hospital if an employee suffers a work-related injury requiring medical attention. This is only for the initial visit. All other visits, the employee may proceed alone.
5. This should be set up prior to start of project (if long term)
6. Fill out notice of injury (regardless if you send the person to a clinic/hospital)
7. 5 working days to report claim
8. Complete Supervisor's Accident Investigation & Employee's Report of Accident (if able)
9. Send all information to the safety department where the claim will be reported to the carrier.

Employee Injury – Non Emergency

1. Ascertain whether the individual needs medical attention
2. If you are in doubt of an approved location for treatment, call (insert Safety Manager name here and contact number)
3. This should be set up prior to start of project (if long term)
4. Fill out notice of injury (regardless if you send the person to a clinic/hospital)
5. 5 working days to report claim
6. Complete Supervisor's Accident Investigation & Employee's Report of Accident
7. If injured does not want to go to the doctor complete the Refusal of Treatment Form
8. Send all information to the safety department where the claim will be reported to the carrier.

INCIDENT/ACCIDENT PROCEDURES

Jobsite Claim (Property Damage, Builders Risk, etc)

1. Secure the scene where the incident occurred. Do not allow persons or objects to leave or be removed from the scene of the accident.
2. Notify the corporate office.
3. Gather and document as much information regarding the accident/incident as possible and complete the Jobsite Accident Investigation form. Include Photos/Videos. Submit to the safety department where the claim will be reported to the carrier.
4. Confirm contract with subcontractor and review Certificate of Insurance.
5. Schedule Meeting with all Subcontractor representatives within 5 working days of incident to review/discuss incident. Any subcontractor that may have potential negligence is to put their insurance carrier on notice and confirm same in writing to Project Manager, including appropriate insurance carrier contact information (i.e. Claims Adjustor assigned, Claim Number assigned, etc.)
6. In any instance a Subcontractor involved in a job site accident fails to notify its insurance carrier, Warden Construction will send a demand letter to Subcontractor's insurance carrier no later than 10 days from date of incident.