



**SAMPLE**  
**ACCIDENT REPORTING/INVESTIGATION CHECKLIST**

**ALL INCIDENTS REQUIRING MEDICAL TREATMENT and VEHICLE OR EQUIPMENT DAMAGE MUST INCLUDE A DRUG AND ALCOHOL TEST.**

**EMERGENCY TYPE INJURY:** (Example: head injuries, problems breathing, severe bleeding, loss of consciousness, amputations, etc.)

- Contact EMS services
- Immediately secure accident scene AND all related equipment, tools and materials involved.
- Contact the COMPANY Safety Department.
- If possible, fill out and have IW sign treatment authorization form. Provide to hospital/Dr.
- Send a foreman to the hospital with the employee.
- Complete the investigation detailed below.

**Non EMERGENCY INJURY:** (Example: minor cuts and lacerations, strain/sprains, twisted ankles – includes minor vehicle or equipment accidents or damage, etc.)

- Secure the accident scene and all related equipment and tools involved.
- If immediate care is not necessary: Complete the Accident Investigation (section below) first. If immediate treatment is warranted, bring the employee back to the site to finish the investigation after the employee is taken to the clinic.
- Take the employee to the nearest company clinic – accompanied by foreman.
- Obtain signed refusal to treat from employee if treatment refused
- Fill out and have IW sign treatment authorization form. Provide to clinic/Dr.
- If treatment is rendered or a vehicle/equipment damage, obtain drug and alcohol testing.
- Contact the (Company Contact) immediately – no later than 24 hours after notice.

**NOTICE OF INCIDENT – REPORT ONLY INCIDENTS:** (Example: Employee states his arm/shoulder/back/leg hurts but they can still work, employee has minor first aid injury not warranting medical treatment, any soft tissue injury complaint)

- Have employee complete EMPLOYEE ACCIDENT/INCIDENT report. If employee states it is non-work related, have employee state that in his report.

IF WORK RELATED:

- Offer employee medical treatment – If accepting medical treatment, follow Non EMERGENCY INJURY above. If treatment refused, obtain signed refusal to treat from employee
- Fill out and have IW sign treatment authorization form. Provide to office in the event future medical treatment is required.
- Contact the (Company Contact) immediately – no later than 24 hours after notice.

**ACCIDENT INVESTIGATION**

- Secure accident scene - Preserve any equipment or material involved in incident
- Take pictures if possible
- Interview the injured worker and witnesses separately, take notes, then obtain write statements.
- Fill out incident packet
  - Employee Accident Report (Employee fills out)
  - Employee Medical Release (Employee fills out)
  - Supervisor Accident Report (Foreman fills out)
  - Witness Statement (any and all witness)
- Review written statements for consistency. Get clarification to inconsistencies. Forward packet to office
- Identify root cause(s) and assign corrective actions.

**OFFICE**

- Verify Employment (not a subcontractor employee)
- Determine Status of claim, (information only or compensable w/c claim)
- Notify management and W/C carrier of incident, include copy of field report – within 24 hrs of notice
- Fill out Illinois Form 45
- Fill out wage statement if a lost time injury
- Forward all documents via email or fax to workers compensation insurance carrier
- Determine OSHA status of claim and fill out OSHA 300 Log
- Log incident in monthly injury report spreadsheet
- Follow up with injured employee