

# FAMU Accident Investigation Form

This form should be completed as soon as possible after the injury or illness

Near Miss <input type="checkbox"/>	Injury With Dr. Visit <input type="checkbox"/>	Injury Without Dr. Visit <input type="checkbox"/>	Death <input type="checkbox"/>
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Date of Incident:	Investigation Conducted By:	Date of Investigation:
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Employee Name:	Employee Title:
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Employee Department:	Location of Incident:
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**Description of events that led to injury (provide details)**

Nature of Injury: (circle all that apply)

Abrasion, scrape	Amputation	Broken Bone	Bruise	Burn (Heat)
Burn (Chemical)	Concussion	Crushing Injury	Cut/Laceration/Puncture	
Hernia	Illness	Sprain/Strain	Other: <a href="#">Click here to enter text.</a>	

**Root Cause of Accident or Injury (circle all that apply)**

Inappropriate or Lack of Training	Improper Housekeeping	Ineffective Communication or Signage	Distractions
Equipment Failure	Failure to Use Appropriate PPE	Time Pressure	Repetitive Actions or Motions
Lack of Engineering Controls	Lack of Knowledge or Proficiency	Failure to Use Appropriate Procedure	Lighting
Lack of Appropriate Procedures	Inadequate guarding	Unsafe or Nonexistent Ventilation	Unsafe Speed

Other: [Click here to enter text.](#)

**How Can Future Accidents Be Prevented?**

**Corrective Action**