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| Sample Safety Program |
| Accident Investigation Program Template |
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| The following template has been created to help your organization develop your safety program. This sample safety program template is not designed to be used as is. The template should be customized to meet the needs of your organization. Highlighted fields allow for clear indicators for areas your information is required. The rest of the text in the program template is easily editable to meet your organization’s needs. |

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| **Western National Insurance Group** |
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*Disclaimer: The sample safety program template is not designed to be used as is. The user must customize the template program to meet the needs of your organization. Western National does not guarantee that this template is or can be relied on for compliance with any law or regulation, prevention against preventable losses, or void you from and legal liability. Western National will not be liable for the use of the template. All safety program and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.*

**(Company Name)**

**Accident Investigation Program**

PURPOSE

The purpose of the (Company name) Accident Investigation Program is to investigate all accidents and near misses, to identify the root cause(s) and develop corrective actions that can be taken to prevent future occurrences. Assigning blame to employees is **not** the purpose of this program.

SCOPE

(Company name) strives to provide all employees and on-site contractors with a safe and healthy workplace. This program is integrated into our company’s written safety and health program and is a collaborative effort that includes all employees. The Program Administrator is responsible for the program’s implementation, management and recordkeeping requirements.

ROLES AND RESPONSIBILITIES

**Management**

The management of (Company name) is committed to the accident investigation process. Management supports the effort of the Program Administrator *<and the Safety Committee (if applicable)>* by pledging financial and leadership support for the investigation of accidents and near miss events. Management supports an affective accident reporting system and responds promptly to all reports. Management regularly communicates with employees about the program.

**Program Administrator**

The Accident Investigation Program Administrator reports directly to upper management and is responsible for this policy and program. All evaluations, investigations, training and recommended solutions are coordinated under the direction of the Program Administrator in collaboration with management. The Program Administrator monitors the results of the program and determines additional areas of focus that are needed. The Program Administrator also:

* Ensures supervisors and employees are properly trained to conduct accident investigations
* Ensures a system is in place for employees to report accidents and near misses
* Ensures accurate records are maintained and provides documentation upon request
* Follows up on all corrective actions suggested during the accident investigation process
* Ensures approved corrective actions are implemented in a timely manner
* Conducts an annual review of the program

**Managers and Supervisors**

Managers and supervisors of (Company name) are:

* Accountable for the health and safety of all employees within their departments through their active support of the accident investigation program
* Required to attend accident investigation training to familiarize themselves with the elements of the program
* Responsible for ensuring that employees under their supervision have received the appropriate training on accident and near miss reporting
* Responsible for initiating the accident investigation process within 24 hours of an incident
* Responsible for implementing approved corrective actions and ensuring they are completed appropriately through active follow-up

**Employees**

Every (Company name) employee is responsible for conducting himself/herself in accordance with this policy and program. All employees will:

* Attend accident and near miss reporting training
* Report all accidents and near misses as soon as possible to their supervisor, but no longer than two hours after the time of the incident

REPORTING

All employees are required to report any accident or near miss to their immediate supervisor within two hours of the incident. The Accident Investigation Report Form (**Appendix D**) is to be used by the supervisor to document the details of an accident or near miss and any proposed corrective action(s) for future prevention. Supervisors/Managers are to begin the accident investigation process within 24 hours of the initial incident. A copy of the initial report is to be forwarded to the Program Administrator within 48 hours of an accident or near miss.

EVENT RECONSTRUCTION

**Interviews**

Within 24 hours, the manager or supervisor of the employee who was involved in the accident or near miss will begin interviewing employees who were involved or in close proximity to the incident, or who are familiar with the related process or work practices. All individuals will be interviewed separately. A minimum of two people must be interviewed for any accident or near miss reported.

**Event Timeline**

An event timeline will be developed for each reported accident or near miss. This timeline will start with the accident or near miss and be developed **in reverse** using information obtained from the interviews. Each task, event and employee decision that took place are to be added to the timeline. Also, the timeline will include all physical and emotional conditions known at the time of each action, event or decision along with the employee’s knowledge, motivation, goals and focus at the time of any action, event or decision.

Identifying Roots Cause(s). After the timeline has been established, the investigator(s) will identify the root cause(s) that contributed to the accident or near miss.

**Recommending Specific Solution(s)**

After the root causes are identified, corrective actions will be identified to reduce or eliminate those hazardous conditions. The manager/supervisor and employees will develop and propose specific improvements that are operationally feasible. Those possible improvements will be submitted to the Program Administrator for validation, final approval and guidance for an implementation strategy.

When selecting and recommending these corrective actions, possible solutions will be prioritized using the following hierarchy. In this hierarchy of hazard control, the most desirable solutions come from the first level, with the following levels offering increasingly less desirable options.

1. *Elimination* – eliminating the hazard from the workplace
2. *Substitution* – replacing a hazardous substance or activity with a less hazardous one
3. *Engineering controls* – providing guards, ventilation or other equipment to control the hazard
4. *Administrative controls* – developing policies and procedures for safe work practices
5. *Personal protective equipment* – using respirators, earplugs, safety glasses, etc.

Recommended corrective actions will come from the highest possible level of hierarchy of hazard control.

**Monitoring Changes**

Once implemented, corrective actions will be monitored by the manager/supervisor for effectiveness, to verify that net risk is not increased and to determine that the root cause of the incident has been eliminated or reduced. The manager/supervisor will conduct follow-up interviews with employees who were part of the accident investigation to determine if the implemented corrective actions require any adjustments to provide maximum safety to the employees.

EMPLOYEE AND SUPERVISOR TRAINING  
  
New and previously untrained employees will receive training about this program and how it will be applied when investigating near misses and accidents. Employees and supervisors will receive refresher training at least every five years. Upon hire or promotion into their position, managers and supervisors will be trained on (Company name) investigation philosophy and the methods that should be used to conduct an accident investigation according to this program.

The minimum training for all employees will include the following elements:

* An explanation of the Accident Investigation Program and their role in it
* An emphasis on the importance and method of prompt reporting of accidents and near misses
* Review of the accident investigation form, with emphasis on determining contributing factors and corrective actions

PERIODIC PROGRAM REVIEW

At least annually, the Program Administrator will conduct a program review to assess the progress and success of the program. The review will consider the following:

* Evaluation of all training programs and records
* The need for retraining managers, supervisors and employees
* The length of time between accidents, investigations and implementation of corrective actions
* The program’s success based upon comparison to previous years, using the following criteria:
  + Frequency of accidents and near misses
  + Frequency of workers’ compensation claims
  + Insurance carrier’s loss analysis
  + Employee feedback through direct interviews, walk-through observations, written surveys and questionnaires and reevaluations

The annual review report will be submitted to senior management using the form in **Appendix B.**

RECORD RETENTION

(Company name) will maintain the information from accident investigations and training records for (Number) years. All accident investigation records will be kept by the Program Administrator.

**APPENDICES**

A – DEFINITIONS

B – ANNUAL REVIEW REPORT

C – ACCIDENT INVESTIGATION AND REPORTING TRAINING RECORD

D – ACCIDENT INVESTIGATION REPORT

REVISION HISTORY

Reviewed by:

Reviewed by:

Effective:

Effective:

**APPENDIX A - (Company Name)**

**DEFINITIONS**

**Accident** –an undesired event that results in personal injury or property damage

**Administrative (or Work Practice) Controls** –procedures that are used to reduce the duration, frequency or severity of exposure to a hazard. These may include work methods training, job rotation and gradual introduction to work

**Engineering Controls** – a method of eliminating or reducing the quantity or severity of job risk factors by re-designing equipment, processes, tools and workstations

**Near Miss** – an incident where no property was damaged and no personal injury sustained, but where damage and/or injury easily could have occurred given a slight shift in time or position

**Personal Protective Equipment (PPE)** – gloves, kneepads and other equipment worn by employees that may help reduce hazards until other controls can be implemented, or to supplement existing controls

**Root Cause** – a condition that contributes to an incident or near miss. They are not always obvious, and may include items like lack of training, poor safety leadership, lack of rule enforcement or poor safety procedures

**APPENDIX B - (Company Name)**

**ANNUAL REVIEW REPORT**

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| Date of Evaluation: | Evaluated By (list all present): |
| Written Program Reviewed: Yes  No | |
| Do completed accident investigation records indicate a need for additional manager, supervisor or employee training on the accident investigation program? Yes  No | |
| Is there any record of excessive times between:   1. An accident and completion of the accident investigation?   Yes  No   1. Determining corrective actions and implementation of those controls?   Yes  No   1. The beginning and completion of implementation of controls?   Yes  No  If yes, what corrective action was needed? | |
| The following content was added/modified/removed from the written program: | |
| Comments: | |

**APPENDIX C - (Company Name)**

**ACCIDENT INVESTIGATION AND REPORTING TRAINING RECORD**

The following individuals received training on the (Company name) Accident Investigation Program

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| **Print Name** | **Sign Name** |
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Instructor Name (print):

Instructor Signature:

Instructor Title:

Date of Training:

**APPENDIX D - (Company Name)**

**ACCIDENT INVESTIGATION REPORT**

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| **ACCIDENT/INCIDENT INFORMATION** | |
| **Name(s) of injured employee(s)**: | **Date of accident/injury/illness:** |
| **Work area of injured employee(s)**: | **Date investigation began:** |
| **Describe nature of accident/injury/illness:** | |
| **Part(s) of body affected:** | |
| **Describe medical treatment administered:** | |

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| **WITNESS INFORMATION** | | |
| **Witness #1 name:** | **Phone number:** | |
| **Witness description of accident/incident:** | | |
| **Witness signature:** | | |
| **Witness #2 name:** | | **Phone number:** |
| **Witness description of accident/incident:** | | |
| **Witness signature:** | | |

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| **INVESTIGATION RESULTS** |
| **List of contributing factors/root cause(s):** |
| **Was a mandatory safe work practice violated?** Yes  No |
| **Was the unsafe condition, practice or protective equipment** Yes  No  **problem corrected immediately?**  **If no, what has been done to ensure correction?** |
| **Do additional mandatory safe work practices need to be** Yes  No  **Implemented?**  **If yes, please describe safe work practice:** |
| **List corrective actions taken and date implemented:** |

Signature of investigator Date

Signature of person responsible for corrective actions Date