



Ohio Bureau of Workers' Compensation
Division of Safety & Hygiene

Workers' Compensation claim #	_____
OSHA 300 case/file #	_____

ACCIDENT ANALYSIS REPORT

PART 1 IDENTIFICATION INFORMATION

Employee Name _____

Date of Accident _____ Time _____ AM PM

Occupation _____ Shift _____

Department _____ ID _____

PART 2 SUPPLEMENTARY INFORMATION

Company _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone () _____

Establishment Location (if different from above) _____

Accident Location Same as establishment? On premises? (Check if applies)

Employee Name _____

Employee Address _____

City _____ State _____ Zip Code _____

Telephone () _____ Social Security Number _____

Gender _____ Age _____ Date of Birth _____

Was injured person performing regular job at time of accident? Yes No

Length of service: With employer: _____ On this job: _____

Time shift started _____ AM PM Overtime? Yes No

Name and address of Physician _____

City _____ State _____ Zip Code _____

If hospitalized, name and address of hospital _____

City _____ State _____ Zip Code _____

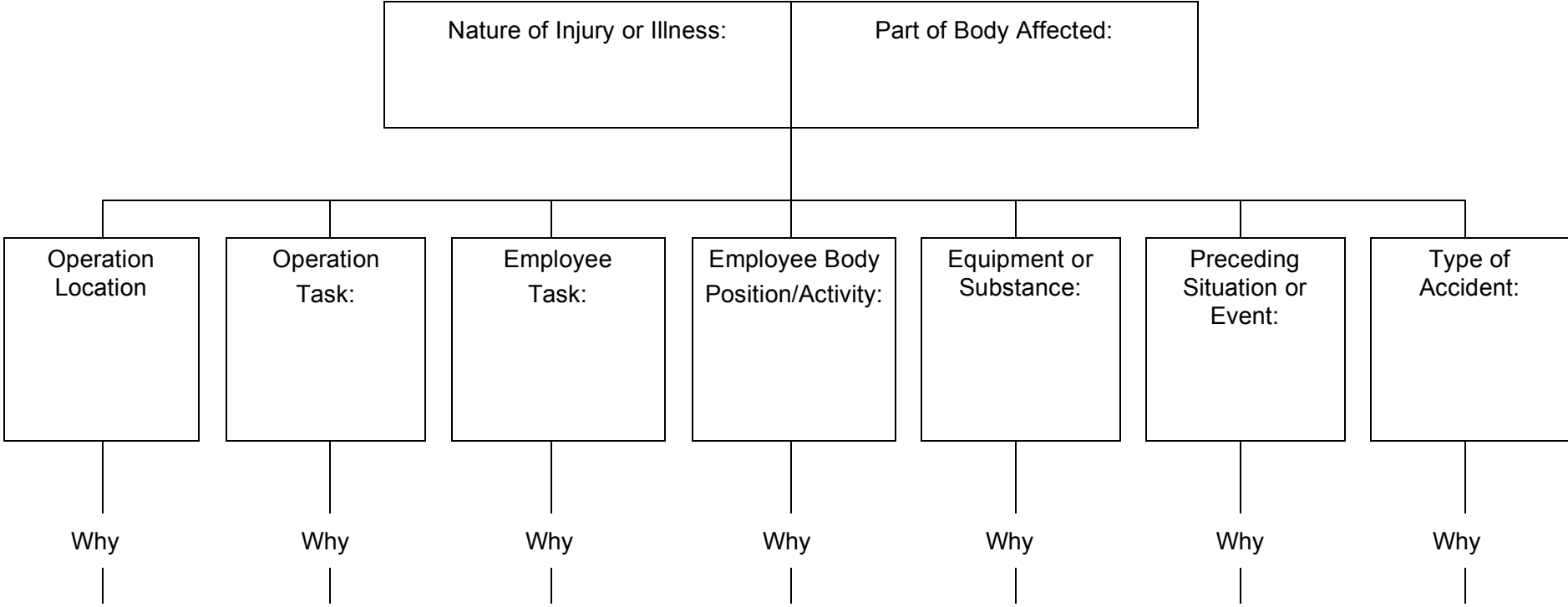
Fatality? Yes No If yes date of death _____

If death, attach Coroner's Report.

PART 3

ACCIDENT TREE

(Refer to Instructions)



PART 4 DESCRIPTION AND ANALYSIS

Fully describe accident:

Attach photos of accident scene and machinery/equipment.

What factors led to the accident (from Accident Tree in Part 3)? _____

MACHINERY/EQUIPMENT INVOLVED

Manufacturer _____ Equipment Age _____

Serial No. _____ Model _____

Function _____

Location _____

1. Has machine/equipment been modified?
2. Was it guarded properly?
3. Was there any mechanical failure?

To answer these questions, research and attach equipment history, maintenance history, relevant photographs and other reports and comments.

CONSTRUCTION

If construction-related, date of contract _____

Is firm General Contractor or Subcontractor

Names of other contractors _____

WEATHER/ENVIRONMENTAL CONDITIONS (temperature, housekeeping, lighting, work surfaces, etc.)

TRAINING

Did employee receive specific training or instructions relating to safety and health on the job being performed?

Yes No

If Yes: Type: _____

Instructed by: _____

When instructed: _____ Length of training _____

Attach appropriate training documentation.

PART 5 SPECIFIC ACTION THAT WILL BE TAKEN

ITEM #	DESCRIPTION	ROUTE TO	TARGET DATE

WHAT ADDITIONAL ACTIONS SHOULD BE CONSIDERED?

Completed by: _____ Date of Investigation _____

Title: _____

Reviewed by: _____ Date _____

Reviewed by: _____ Date _____

- Attach individual statements from :
- (a) the injured worker
 - (b) any witness(as) or others with contributing information
 - (c) The employer.

For each statement, include name, job title, home address, home telephone number, and the date the statement was given.

INSTRUCTIONS

OSHA 301 FORM COMPATIBILITY--When fully completed, this report is believed to satisfy the requirements of the OSHA 301 form.

COMPLETION OF THIS REPORT--Parts 1 and 2 may be filled out by office personnel or other staff assigned this function. Parts 3, 4 and 5 **must** be completely filled out by the first line supervisor, in coordination with plant manager and safety director.

PROCEDURE FOR COMPLETING PART 3--ACCIDENT TREE

A. Fill in the top blocks of the tree.

Describe the NATURE of the injury or illness.

This could be a strain, sprain, laceration, contusion, abrasion, carpal tunnel syndrome, and so forth. Write in the space provided at the top of the tree.

Determine the PART OF THE BODY AFFECTED (such as right index finger, shoulder, lower back, and so forth.) and place this information in the adjacent space provided at the top of the tree.

If these specific details are not fully known at this time, do not wait to perform the investigation! Fill out as much as possible and continue.

If investigating accident or near miss, write none in "Nature of Injury or Illness" and "Part of Body Affected" blocks, and continue to next row of tree.

B. Fill in the next row of the tree.

1. Operation--Location

Where is the work being performed? Example: Working in assembly area.

2. Operation Task

On a larger scale, what specific operation is being performed? Examples: Milling keyway in shaft. Stocking shelves.

3. Employee Task

What specific task was the employee performing? Examples: Employee lifting box. Employee was fastening bolt.

4. Employee Body Position/Activity

Briefly describe the position required by the activity that relates to the accident, injury or illness. Examples: Wrist flexed forward. Hands grasping box.

5. Equipment or Substance

What is the equipment or substance which was directly involved in the accident, injury or illness? Examples: The machine or object struck against. The vapor or contaminant inhaled or swallowed. The object lifted, pulled.

6. Preceding Situation or Event

Determine important event(s) that led to the accident, injury, or illness. These may be considered as "triggering events", situations, or circumstances necessary for the accident to occur.

7. Type of Accident

What general type of accident occurred? Examples: Fall off a platform. Slipped on oil. Struck by machine tool. Contact with electricity. Exposure to hazardous substances.

C. Trace each factor in more detail.

Work from each of the factors identified above. Ask why each of the factors is necessary, or why they occurred. Under each factor, write the key words describing "why", and draw a line to connect the two. It is possible for there to be more than one reason "why" under each factor, so be sure to include all that you discover.

D. Repeat the process--build the tree.

The process in step three can be repeated until all questions are answered for each path of the tree. Dead ends are either unanswered questions that require additional investigation or pathways that have been resolved as far as practical.