

# Accident Analysis

## Learn from accidents so you can prevent them from happening again

*George, one of your employees, injures his back while carrying a box off a truck in the loading dock.*

*Now he's off work. The costs to you, direct and indirect, are rising: You've lost a hard-working employee, your productivity is down, you're paying a replacement worker to do his job, and your workers' compensation insurance costs will be impacted.*

*It's a multiple hit to your bottom line. You want to be sure your future doesn't repeat the past. So you decide to do some investigating.*

*Should George have been moving the box manually? Or should he have been using a forklift or pallet jack? Did he fall? If so, was the dock wet and slippery? Has George ever been taught proper lifting techniques? Should he have asked for assistance from another employee? Has an incident like this happened before? What if anything was done to prevent it?*

Digging deep into the circumstances of an accident will help you prevent future accidents in your workplace—ultimately helping your organization avoid unnecessary financial costs and helping your employees and their families avoid personal hardship.

Accidents don't "just happen." They're caused by a series of unsafe behaviors, steps or events.

Most of these factors can be controlled once you've investigated the accident and identified them. You may realize you need to take steps to eliminate hazards or improve the workflow. You may identify a need for training, enforcing house-keeping rules or purchasing equipment to make the job less hazardous.

You may find, too, that demonstrating a com-

mitment to employee safety and well-being produces other benefits reflected by more positive employee attitudes about safety and even performance.

The best way to get your organization started doing accident investigations is to have a program in place so you're ready to act when an accident does happen. Below are some steps to help you set up your program.

Then, to actually investigate an accident, you'll need to use the systematic approach on page 3, so you're sure to cover all the bases and arrive at conclusions and action steps that ultimately produce the results you are looking for.

### 1. Determine who should do the investigating.

Accident investigations are not complex or mysterious. However, the person doing the investigating should have a basic understanding of the job functions and efficient problem-solving techniques.

Consider involving supervisors in accident investigations. The supervisor is often well-suited because he or she:

- Was there when it happened.
- Is accountable for the people and equipment.
- Knows most if not all employees involved.
- Understands the hazards of the job.
- Will most likely be the person to implement corrective action.

Accident investigations can also be conducted by members of your safety committee, management, safety personnel, your SFM Loss Prevention representative or a third party.

## 2. Create a written plan.

Be sure to include:

- The purpose of investigating accidents—to identify causes, not to place blame.
- Who is responsible for initiating and conducting each accident investigation.
- What must be investigated.
- When, why, where and how to investigate.
- Who will review the findings and other pointers clarifying the flow of information.
- Who is responsible for implementing corrective actions.

Having all this in written form will help you in sharing and reviewing the plan with others. It will also, over the years ahead, help your organization stay consistently on track with the goal of finding and eliminating the causes of accidents.

Consider a policy committing your organization to investigating all accidents, as opposed to doing it selectively. Many of the companies with the best loss prevention track records have a “We investigate all accidents” policy.

## 3. Educate your supervisors about investigating.

This assumes, of course, that supervisors are the persons who will be doing the investigating. They’ll need to be acquainted with the four-point approach to accident investigations on page 3.

Offer examples of the kinds of hazards to look for and questions to ask. Use SFM’s “Accident analysis worksheet” as a guide for your training. This worksheet walks you through a series of questions to ask after every accident or incident and is attached to this *CompTalk*.

When training on accident investigation, it may also be a good time to retrain your supervisors on their other safety responsibilities including:

- Training new and existing employees in safe practices.

- Enforcing safety rules and procedures.
- Reporting injuries promptly and accurately.
- Providing positive reinforcement of safe behaviors.

## 4. Communicate your accident investigation policy.

Depending on your organization, this may be a policy you should include in your employee handbook. It will formalize the procedures and communicate companywide your management’s commitment to investigating and preventing accidents. This might also be a good time to let every employee know his or her responsibilities in the safety process, such as securing a situation immediately and notifying a supervisor.

Your investment of time in organizing and doing accident investigation is well worth it, yielding big returns for your organization in the long run. It’s a vital part of an effective loss prevention program, whether your organization is large or small, labor-intensive or office work.

By understanding why accidents happen in your workplace, taking corrective actions and thereby minimizing future injuries, you are helping build the foundation for a lasting culture of safety. Instead of paying all those direct and indirect costs of lost-time injuries, you’ll be receiving the direct and indirect rewards of effective loss prevention and a more appreciative, safety-focused workforce.

Use the four-point approach described on the next page along with the attached “Accident analysis worksheet” to investigate accidents on your own or to help others within your organization do so. If the accident is serious or you need help investigating an accident, call your SFM Claims or Loss Prevention representative at (952) 838-4200 or (800) 937-1181.

## To investigate an accident, try this four-point approach

These instructions are a systematic approach to analyzing an accident. They'll help you make sure you're covering all the bases so you can learn from what's happened and take the right steps to prevent it from happening again.

You may also find the attached "Accident analysis worksheet" useful. Fill out a worksheet each time you are investigating an incident. The worksheet will help you answer key questions about the incident and walk you through your investigation.

### 1. Collect data.

To begin with, you'll want to find out some basic information about what happened, and then you'll want to probe deeper.

Talk to witnesses. Besides the injured employee, others directly involved such as co-workers and the supervisor often can be good sources. Ask:

- What type of injury occurred? Was it an accident?  
Body part injured?
- What type of treatment was received? Physician?  
Hospital? Clinic?
- Was there lost time from work? Number of days?
- What happened and how did it happen? Was any  
equipment damaged?
- What caused the incident? Why did it happen?
- What could be done to prevent recurrence? By  
whom? When?
- Was the employee violating safety regulations or  
specific instruction?
- What other concerns do you have about this  
injury?

Help witnesses think through what they observed about the incident, otherwise you'll probably get only a small portion of what they really know about it.

Ideally, accidents should be investigated right away. If an emergency makes that impractical, then do it as soon as you can while the facts are still clear to those involved, witnesses haven't influenced one another's thoughts, and the physical conditions haven't been disrupted.

Review maintenance and training records. This may help you determine whether the accident was a result of an employee's unsafe act or an equipment failure.

### 2. Identify the causes.

Accident investigation looks at four possible causes:

- **Equipment:** Is it working properly? Are the guards and other safety precautions present and functioning?
- **At-risk behaviors:** Were there procedures not implemented? Are safety procedures routinely enforced? Was the employee working alone? Was the employee out of sight from co-workers?
- **Personnel:** Was the employee properly trained for this particular job? What shift and how long was the employee's shift? Can the employee read the language on warnings?
- **Environment:** Was the work area properly lighted? Were work surfaces free of clutter and distraction? Was noise an issue? Chemicals? Dust? Was space sufficient to do the task? Was the floor free of clutter?

### 3. Analyze the findings.

Examine the facts and observations, and be conscious of what's missing.

Your analysis should distinguish between immediate causes and underlying causes. An immediate cause maybe an unsafe condition like a mechanical failure such as a broken rung on a ladder. Or it could be an unsafe action by an employee such as running instead of walking. The underlying cause could be poor machine maintenance, a missing guard, a crowded work area or a lack of training.

### 4. Develop a plan for corrective action.

The plan should mirror the results you got from your analysis.

Make recommendations for each of the possible causes identified. After this investigation, for instance, you may suggest changes to machinery, work procedures, employee training, safety process or personnel.

## Your findings may help your SFM claims representative, too

While trying to find out why an accident happened, you may run across information useful to your SFM claims representative.

Your information may help SFM's investigation to determine whether the injured employee is entitled to workers' compensation benefits, or it may help in handling the claim and shaping its action plan.

You can help by:

**1. Identifying witnesses.** Your SFM claims representative may want to speak to people who saw the incident happen.

**2. Taking pictures.** Photos of the accident scene help document what actually happened.

**3. Saving broken parts.** If a ladder rung broke, save the ladder. If a machine part broke, save the

broken piece. Save anything that might be useful in determining the cause of the accident and may help in pursuing subrogation, in which SFM seeks recovery of costs from a third party, like the ladder-maker or machinery manufacturer.

**4. Watching for red flags.** For instance, you may have noticed the employee limping on his way into work that morning, suggesting he was not injured on the job.

Provide your SFM claims representative with any additional information you think may be helpful. Be sure not to put sensitive information on the First Report of Injury, though. Instead, attach a separate sheet to the First Report, or use the "Confidential comments" box on the online form, or call or email your claims representative directly.

# Accident analysis worksheet

Purpose: Prevent future accident

## Employee information

Employee's last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security # \_\_\_\_\_

Male  Female Supervisor name \_\_\_\_\_ Phone number \_\_\_\_\_

Plant/jobsite address \_\_\_\_\_ Department/trade \_\_\_\_\_

Specific job worked when injured \_\_\_\_\_ Title \_\_\_\_\_

Years of experience in job \_\_\_\_\_ Length of employment \_\_\_\_\_

Injury date \_\_\_\_\_ Injury time \_\_\_\_\_ a.m./p.m. Date reported \_\_\_\_\_

Injury outcome:  Fatality  Lost time  Medical only  Property damage

Type of injury and body parts injured \_\_\_\_\_

## Accident description

Exact location of accident \_\_\_\_\_

Describe job being done (*i.e. loading truck*) \_\_\_\_\_

What occurred? Describe in sequence 1) Employee's location and position; 2) How he was performing task; 3) What occurred to trigger accident. \_\_\_\_\_

Check type of accident:

- Struck by  Contacted by  Caught in  Fall- different level  Repetitive motion  Exposure to  
 Struck against  Contact with  Caught between  Fall- same level  Lifting/overexertion  Slip/trip  
 Other skill \_\_\_\_\_  Other

## Analysis of accident causes *(Check all that apply)*

What did the employee do or fail to do that caused or contributed to the accident?

- Failure to make secure  Riding hazardous equipment  Used equipment unsafely  
 Failure to warn or signal  Took unsafe position/posture  Used defective equipment  
 Protective equipment not worn  Horseplay  Standard procedure deviation  
 Nullified safety device  Failure to make inoperative  Others \_\_\_\_\_

What employee condition or characteristic caused or influenced unsafe actions?

- Unaware of job hazard  Avoiding discomfort  Influence of illness  
 Inattention to hazard  Influence of fatigue  Other personal factors  
 Trying to avoid extra effort  Impaired vision/hearing  Tried to gain or save time  
 Low level job \_\_\_\_\_

What condition of tools, equipment or job site caused or contributed to the accident?

- Inadequate safety guard/device  Poor housekeeping  Illumination/noise/air contamination  
 Inadequate warning system  Ergonomic issues  Close clearance/congestion  
 Fire or explosion hazard  Defective tools/equipment  Hazardous arrangement or storage  
 Hazardous personal attire  Unsecured against movement  Protruding object hazard  
 Other \_\_\_\_\_

What causes contributed to above unsafe conditions?

- Caused by employee  Defective due to normal use  Management system  
 Caused by another employee  Poor housekeeping  Outside contractor  
 Safety inspection failure  Poor preventative maintenance  Unable to determine cause  
 Faulty design/construction  Defective due to abuse/misuse  Caused by other circumstances: \_\_\_\_\_

## Corrective action plan to prevent recurrence

Listed here are a few corrective actions that may help prevent recurrence. Check all that apply. Do not limit yourself to only these tactics. It is a good idea to discuss corrective actions with your Safety Committee and your SFM Loss Prevention representative.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Retraining of all employees involved      | <input type="checkbox"/> Improve inspection procedures      | <input type="checkbox"/> Improve illumination/noise conditions   |
| <input type="checkbox"/> Retraining of other employees             | <input type="checkbox"/> Clean up hazardous conditions      | <input type="checkbox"/> Install/modify safety guards/devices    |
| <input type="checkbox"/> Corrective interview of employees         | <input type="checkbox"/> Improve cleanup procedures         | <input type="checkbox"/> Improve storage or arrangement          |
| <input type="checkbox"/> Job reassignment of employee              | <input type="checkbox"/> Require mandatory pre-job training | <input type="checkbox"/> Improve design or construction          |
| <input type="checkbox"/> Repair /replace defective equipment       | <input type="checkbox"/> Use safer material & supplies      | <input type="checkbox"/> Check with manufacturer/supplier        |
| <input type="checkbox"/> Conduct special inspection survey         | <input type="checkbox"/> Improve environmental conditions   | <input type="checkbox"/> Establish purchasing standard           |
| <input type="checkbox"/> Require personal protective equipment     | <input type="checkbox"/> Perform ergonomic review           | <input type="checkbox"/> Improve training and follow-up training |
| <input type="checkbox"/> Improve outside conductor controls        | <input type="checkbox"/> Define safe method                 | <input type="checkbox"/> Focus on better enforcement             |
| <input type="checkbox"/> Correction other than these listed: _____ |   |  |

Additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person responsible for corrective action \_\_\_\_\_ By what date \_\_\_\_\_

Investigation by \_\_\_\_\_ Date \_\_\_\_\_

Form reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Confirmation date of corrective action \_\_\_\_\_

## Additional information

Do you have any reason to doubt the validity of this claim?  Yes  No If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the injured employee had any recent problems with attendance or performance of his or her job?  Yes  No  
If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are you aware of any other prior injuries or personal conditions the injured employee may have that impacts this claim?  
 Yes  No If yes, please explain. \_\_\_\_\_

## Witness information

Witnesses: Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Name \_\_\_\_\_ Telephone number \_\_\_\_\_  
Name \_\_\_\_\_ Telephone number \_\_\_\_\_

Witness comments or pertinent information \_\_\_\_\_  
\_\_\_\_\_