

APPENDIX 3: EXAMPLE SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Washington State University

See: SPPM 2.26.

EMPLOYEE NAME Osmar Waller	DEPARTMENT Office of the President	ACCIDENT DATE 1/20/1908
SUPERVISOR'S NAME Enoch Bryan	SUPERVISOR'S TITLE President	INVESTIGATION DATE 1/21/1908

Check all factors contributing to the accident.

- | | | |
|---|--|--|
| <input type="checkbox"/> HUMAN
Training
Task performance
Protective equipment
Work history | <input checked="" type="checkbox"/> SITE CONDITIONS
Physical layout
Walking/working surfaces
Lighting
Weather | <input type="checkbox"/> EQUIPMENT/TOOLS/MATERIALS
Operation
Safety guards and controls
Condition and maintenance
Labels/signs/tags |
| <input type="checkbox"/> TIMEFACTORS
Work shift
Cause/effect relationships
Sequence of events | <input type="checkbox"/> POLICIES AND PROCEDURES
Safety Policies and Procedures
Operating specifications
Regulations and standards | <input type="checkbox"/> OCCUPATIONAL EXPOSURES
Air contaminants
Chemicals
Noise
Biohazards, human body fluids
Radiation (See: SPPM 9.35.) |

Explain all checked factors in the space below. Add additional pages for more space and to provide any necessary drawings.

Dr. Waller was walking to the Administration Building in the early morning and slipped and fell on ice. Dr. Waller sustained no injuries. The sidewalk had been cleared of snow by Facilities, but water from melting snow the previous day had frozen on the sidewalk overnight.

List recommended corrective action. Add additional pages if needed.

Dr. Bryan directed staff and faculty to use sidewalks that are positioned over steam tunnels where possible. Dr. Bryan also suggested that employees use Yaktrax or similar devices when snow and ice are present on sidewalks.

Name of Person Responsible for Corrective Action Dr. Enoch Bryan		Department Responsible for Corrective Action Office of the President	
Anticipated Date of Corrective Action 1/31/1908		Actual Date of Corrective Action 1/31/1908	
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE
SAFETY COMMITTEE SIGNATURE	DATE	DIRECTOR/CHAIR'S SIGNATURE	DATE

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