SOUTH CAROLINA COUNTIES WORKERS' COMPENSATION TRUST
ACCIDENT INVESTIGATION FORM

1. MEMBER	2. EMPLOYEE		3. DEPARTMENT
4. EXACT LOCATION	5. DATE OF OCCURRENCE	6. TIME	7. DATE REPORTED

8. DESCRIPTION - Describe clearly how the incident occurred:

9. WITNESSES	10. TELEPHONE NUMBER

If the employee was injured in a motor vehicle accident, please complete the attached motor vehicle accident supplement.

Prevention

Important! Please document what corrective actions were taken, when and by whom. Often it may be necessary to send the accident investigation to the risk manager before all corrective actions are completed. Send another copy of this page to the risk manager when all corrective actions are completed. This often may take several weeks. The investigation should remain in an active status until all corrective actions have been taken and documented.

11. What actions have been or will be taken to remove direct causes? List all items in sequence:	By Whom:	When:
12. What actions have been taken to remove the Basic Cause(s)? List the steps that will be taken to remove the basic cause(s) to help prevent similar accidents in the future.	By Whom:	When:
13. Investigated by:		Date:

DIRECT CAUSES				BASIC CAUSES	
UNSAFE ACTS		**UNSAFE CONDITIONS**		**WORK SYSTEM**	
	Lack of skill or knowledge		Inadequate guards or protection		Inadequate hiring/placement practices
	Failure to follow operating or maintenance procedure/method		Defective tools, equipment, machine or vehicle		Inadequate enforcement of work rules and procedures
	Failure to use guards provided		Congested work area/roadways		Inadequate job instruction/training
	Failure to use personal preotective equipment		Unsafe floors, ramps, stairways, platforms		Inadequate safety procedures
	making safety devices inoperable		Poor housekeeping		Inadequate preventive maintenance
	Operating vehicle, equipment or machine at unsafe speed or in an unsafe manner		Hazardous atmosphere: gases, dust, fumes, vapors		Inadequate environmental control program
	Using known defective equipment		Hazardous chemicals/substances		Inadequate job planning methods
	Operating without authority		Inadequate warning system		Improper layout or design of work area
	Improper lifting, lowering or carrying technique		Fire or explosion hazards		Unsafe design or construction of tools, equipment or machine
	Unsafe lifting, lowering or placing		Improper material storage		Inadequate medical monitoring
	Taking unsafe position		Inadequate ventilation		Inadequate supervision
	Influence of Alcohol or drugs		Excessive noise		Other - explain in detail
	Physical or mental limitations		Inadequate illumination		
	Unaware of hazards		Radiation exposure		
	Unsafe act of non-employee		Poor road conditions		
	Other - explain in detail		Limited visibility	**INDIVIDUAL**	
			Adverse weather		Pre-existing physical condition
			Other - explain in detail		New physical impairment/condition
					Physical impairment due to drug use
					Learning disability
					Employee insubordination or dishonesty

MOTOR VEHICLE ACCIDENT INVESTIGATION SUPPLEMENT

Employee/Driver Name:	Department:
Vehicle make/model/year:	Vehicle mileage:
Did police report state that employee contributed to the accident?	Was employee cited? If yes, which violation was cited?
Was employee drug tested?	Was employee wearing a seat belt?
Was the accident preventable? If yes, how could the employee have avoided the accident?	Did the employee receive sanctions? If yes, list sanctions:
Has this employee had previous motor vehicle accidents in county vehicles? If yes, please describe briefly:	When was the last motor vehicle record review for this driver?
Has this employee taken a defensive driving class? If yes, what was the name of the class and when was it taken?	