



CITY OF BOWLING GREEN
ADMINISTRATIVE INSTRUCTION NO. 47

ACCIDENT INVESTIGATION AND ANALYSIS

Purpose

The purpose of this program is to define and document the accident investigation and analysis process for the City of Bowling Green. The City Administration believes strongly that there is a root cause of every accident. Accidents should not be an accepted part of doing business in the 21st century. The City will take every opportunity to find the root cause of accidents experienced by its personnel, and it will take action to prevent similar accidents from occurring in the future.

This "Accident Investigation and Analysis" program defines the responsibilities of City's staff with regard to investigating and analyzing the causes of all accidents and implementing appropriate corrective actions to prevent similar situations from recurring.

Definitions

Accident: Any unwanted happening, movement, or release of energy.

Accident Analysis: The process of determining the causes of accidents and implementing corrective actions to prevent recurrence.

Hazard: Anything that presents a danger to employees or property.

Hazard Control: Any method used to reduce or eliminate a hazard, such as:

- Engineering controls
- Administrative controls
- Personal protective equipment
- Housekeeping
- Safe work practices
- Training

Incident: Any accident that caused or could have caused an injury, illness, or damage to equipment. May be referred to as a "near miss."

OSHA Forms Nos. 300 and 300A: Logs of Occupational Injuries and Illness, on which fatalities, regardless of the time between the injury and death, or the length of the illness, or lost workday cases; nonfatal cases without lost workdays which result in transfer to another job or termination of employment, or require medical treatment; or involve loss of consciousness, restriction of work or motion. Also used to summarize the log at the end of the year to satisfy employer posting requirements. The completion of the OSHA 300 and 300A forms is required by the State of Ohio's Public Employment Risk Reduction Program.

Responsibilities

The "Accident Investigation and Analysis" program administrator is the City's Personnel Director.

The program administrator is responsible for:

- Administering the program and issuing written material that supports it;
- Coordinating all activities related to hazard control, insurance companies (e.g. workers' compensation), and federal, state and local regulator compliance;
- Maintaining recordkeeping on the OSHA 300 Log and providing the form(s) to City divisions on a quarterly basis;
- Reporting all accidents that result in fatalities or hospitalizations of three (3) or more employees to the State of Ohio's Public Employment Risk Reduction "Fatality/Multiple Hospitalization Report Phone" within eight (8) hours of occurrence;
- Analyzing accident records to identify program deficiencies;
- Scheduling managers, supervisors and, as appropriate, other City employees for training;
- Maintaining training records; and

- Posting the OSHA Form 300A during the months of February, March, and April;
- Annually submit the City's OSHA Form 300A by February 1st to the Ohio Department of Commerce, Division of Labor and Worker Safety, Bureau of Occupational Safety and Health, Public Employment Risk Reduction Program.

Departments and Division Heads

These personnel are responsible for:

- Conducting accident analyses within their departments and divisions, and providing appropriate corrective actions; and
- Initiating accident analyses immediately upon notification of accidents, and completing them within twenty-four (24) hours after learning of an accident's occurrence.

Employees

These staff members are responsible for:

- Completing City accident report forms within twenty-four (24) hours of an accident;
- Completing witness statements, if applicable; and,
- Assisting department and division heads with accident analyses.

Program Activities

General

- City employees must immediately report all accidents to their respective supervisor and/ or department and division head.
- All accidents that result in employee injuries, property damage or the probability thereof will be analyzed.

- City "Accident Analysis Reports" will be completed within twenty-four (24) hours of an accident.
- The accident analysis report will be completed according to the accident analysis procedure included in the "Attachments" section of this policy.
- Department and division heads will initiate corrective actions according to the corrective action plan on the City "Accident Analysis Report." Corrective actions that cannot be initiated immediately will be documented in a written report that indicates what will be done, when, and by whom. A copy of the "Accident Analysis Report" will be forwarded to the Personnel Director within 2 days of the accident.
- Any accident that results in sending employees to "outside" medical treatment will be immediately reported to the Personnel Director.

Municipal Administrator & Personnel Director

- Will review accident analyses and make recommendations for corrections.
- Will review incident and near-miss analyses, and, when necessary, submit suggestions to prevent future accidents.

Training Divisions/Departments

- All supervisors will be trained in accident analysis, and about the safety and health hazards to which employees under their immediate direction and control may be exposed.

Recordkeeping

- All accident reports generated shall be kept a minimum of six (6) years.
- All OSHA Form 300 Logs shall be retained a minimum of six (6) years.
- It is recommended that records be kept indefinitely to maintain the information necessary to provide adequate history of conditions that have been responsible for accidents and what corrective actions have been taken.
- The OSHA Form 300A will be posted on the division's bulletin board for the months of March and April.
- All records that document training for each employee, including employee names or other identifiers, training date(s), type(s) of training, and lists of training providers, shall be maintained indefinitely.

Attachments

Recordkeeping

- Accident Analysis Report Form
- Accident Analysis Training Record
- OSHA Form 300 and OSHA Form 300A
- First Aid Report Form

Recordkeeping

Accident Recordkeeping

Keep accurate records of all accident analysis activities, including, but not limited to:

- OSHA Form 300 and OSHA Form 300A;
- City's Accident Report Form;
- Workers' compensation forms; and
- Accident Analysis Report Forms

Training Recordkeeping

A written certification record of all accident analysis training activities must be maintained. It should include:

- The name (or other identity) of the person trained.
- The date(s) of training.
- The name and signature of the person conducting the training.



John B. Quinn, Mayor

6-21-04

Date

ACCIDENT ANALYSIS REPORT

PART 1 IDENTIFICATION INFORMATION

Employee Name _____

Date of Accident _____ Time _____ AM PM

Occupation _____ Shift _____

Department/Division: _____

PART 2 SUPPLEMENTARY INFORMATION

Company _____

Mailing Address _____

Telephone (____) _____

Establishment Location (if different from above) _____

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

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

Medical care provided? Yes No

Fatality? Yes No If Yes, date of death _____

PART 3

ACCIDENT TREE

(Refer to Instructions)

Nature of Injury or Illness:			Part of Body Affected:			
Operation Location:	Operation Task:	Employee Task:	Employee Body Position/Activity:	Equipment or Substance:	Preceding Situation or Event:	Type of Accident
Why	Why	Why	Why	Why	Why	Why

PART 4 DESCRIPTIONS AND ANALYSIS

Fully describe accident: _____

Attach photographs 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 _____

4. Has the machine/equipment been modified? Describe:

5. Was it guarded properly? Describe:

6. Was there a mechanical failure? Describe:

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 Sub-contractor

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 _____

Attach individual statements from:

- (d) the injured worker
- (e) any witness(es) or others with contributing information
- (f) the employer.

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

INSTRUCTIONS

PROCEDURE FOR COMPLETING PART 3—ACCIDENT TREE**A. Fill in the top blocks of the tree.**

- a. Describe the NATURE of the injury or illness.
- b. 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.
- c. 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.
- d. If these specific details are not fully known at this time, do not wait to perform the investigation! Fill out as much of the form as possible and continue.
- e. If investigating an a non-injury accident or near miss, write none in “Nature of Injury or Illness” and “Part of Body Affected” blocks, and continue to the next row of the tree.

B. Fill in the next row of the tree.**1. Operation – Location**

Where is the work being performed? Example: Storeroom of PW facility

2. Operation Task

On a larger scale, what specific operation is being performed? Examples: Working on broken chainsaw

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.

FIRST-AID REPORT FORM

Date _____

Name _____ Male Female

Department/Division: _____ Job Title _____

Supervisor _____

Date of Treatment _____ Time _____ AM/PM

Type of Injury _____

Describe What Happened

Nature of Treatment

Subsequent Action Taken:

Referred to Physician Sent to hospital Sent home

Returned to work Refused treatment

Other (explain) _____

Signed _____ Date _____

Title _____