

Portland Community College Supervisor's Accident Investigation Report

OR-OSHA requires an investigation be done by the supervisor within **24 hours** for all PCC employees and those students who are included as employees under clinical affiliate apprenticeships, cooperative education or professional crafts who are working on or off campus.

Department: _____ **Campus:** _____ **Report Date:** _____

Injured/Illness Person's Name: _____

Position Title: _____ **Date of Injury:** _____

Hour: _____ a.m./p.m. **Exact Location:** _____

Witnesses (1) _____ **(2)** _____

Injury (Circle):

face or head	eyes	toes or foot	internal	skin	gas
hands or fingers	body	amputation	wounds	lungs	death
strain or sprain	arms	foreign body	fracture	burns	
doctor's care	legs	first aid	hernia	lost time	

Remarks: _____

Accident/Illness: describe accident/illness. Include all details, machine, object or substance involved, etc.

CAUSE:

Unsafe Acts:

- () operating without authority
- () operating at unsafe speed
- () using unsafe equipment or equipment unsafely
- () making safety devices inoperative
- () unsafe loading, placing or mixing
- () taking unsafe position
- () working on moving or dangerous equipment
- () distraction, teasing, horseplay
- () failure to use personal protective devices
- () other:

Unsafe Conditions:

- () inadequately guarded
- () defective equipment, tools or substance
- () hazardous arrangement
- () improper illumination
- () improper ventilation
- () unsafe clothing
- () unguarded
- () unsafe design
- () unsafe construction
- () other:

Why was unsafe act committed? _____

Why did unsafe condition exist? _____

What have you done to prevent this incident from occurring again? _____

Are there any contributing factors other than job related? _____

Supervisor's Accident Investigation Report Guides to Corrective Action

(To be completed by Supervisor)

Based on the CAUSE checked above, indicate below the action being taken:

- | Unsafe Act: | Unsafe Condition: | If supervisor can't handle recommend to: |
|---|------------------------------------|---|
| <input type="checkbox"/> stop the worker | <input type="checkbox"/> remove | <input type="checkbox"/> own supervisor |
| <input type="checkbox"/> study the job | <input type="checkbox"/> guard | <input type="checkbox"/> other supervisor |
| <input type="checkbox"/> instruct (tell-show-try-check) | <input type="checkbox"/> warn | <input type="checkbox"/> maintenance department |
| <input type="checkbox"/> follow-up | <input type="checkbox"/> follow-up | <input type="checkbox"/> Risk Management |

Other: _____

Remarks: _____

What are you actually doing to prevent similar accidents/illnesses? _____

What follow-up do you plan? _____

What further recommendations? _____

SIGNATURES:

Immediate Supervisor: _____ Date: _____

Employee: _____ Date: _____

EH&S Manager: _____ Date: _____

Campus Safety Committee Review

Recommendations: Yes:_____ No:_____

Explanation: _____

Signature: _____ Date _____
College Official

Return this form to: Environmental Health & Safety, SY CSB 314