**Internal Accident Investigation Report**

|  |  |
| --- | --- |
| Employee Name       | Client       |
| Employee’s length of service       | Length of service with us       |
| Was personal protective equipment required? [ ]  Yes [ ]  No |
| If yes, what was required?       |
| Was it provided? [ ]  Yes [ ]  No |
| Was it being utilized? [ ]  Yes [ ]  No |
| Faulty, unsafe, or malfunctioning equipment? [ ]  Yes [ ]  No |
| If yes, describe:       |
| Is it possible that we have subrogation rights? [ ]  Yes [ ]  No |
| If yes, describe:       |
| Was employee ever warned about unsafe work habits? [ ]  Yes [ ]  No |
| If yes, explain:       |
|       |
|       |
| Were safety rules violated? [ ]  Yes [ ]  No |
| Explain:       |
|       |
| If lifting was involved, give approximate weight lifted:       |
| What was the primary cause of the accident?       |
|       |
| What corrective actions need to be taken to prevent a recurrence?       |
|       |
|       |
| Does anything you have learned lead you to question the employee’s version of the events? [ ]  Yes [ ]  No |
| *If yes, call Corporate Risk Services immediately and explain!* |
|  |
| WITNESSES: |
| #1 Name       | Home Telephone # (   )       |
| #2 Name       | Home Telephone # (   )       |
| #3 Name       | Home Telephone # (   )       |
|  |
| Has the employee lost any time from work after the date of injury? [ ]  Yes [ ]  No |
| Specify lost dates/hours:       |

Signature of Salesperson/Risk Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers’ compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.*