**Internal Accident Investigation Report**

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| --- | --- |
| 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: | |
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|  | |
| 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? | |
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|  | |
| 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.*