STATE EMPLOYEE INCIDENT/ACCIDENT ANALYSIS FORM - DA2000

OFFICE OF RISK MANAGEMENT - UNIT OF RISK ANALYSIS AND LOSS PREVENTION

WORKER'S COMPENSATION – FOR AGENCY USE ONLY

- **This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com**
- **Required for <u>all</u> incidents/accidents <u>except</u> auto accidents, for which a police report serves as the investigation document.**
- **Keep completed forms on file at the location where the audit/compliance review will occur.**

(PLEASE TYPE OR PRINT)

1. AGENCY NAME and LOCATION CODE: _____

2. ACCIDENT DATE and TIME: _____ 3. REPORTING DATE: _____

4. EMPLOYEE NAME (LAST, FIRST): _____

5. JOB TITLE: _____

6. IMMEDIATE SUPERVISOR: _____

7. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED: (USE ADDITIONAL SHEET IF NECESSARY): _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

8. PARISH WHERE OCCURRED: _____ 9. PARISH OF DOMICILE: _____

10. WAS MEDICAL TREATMENT REQUIRED? _____Y_____N?

11. EXACT LOCATION WHERE EVENT OCCURRED: _____

_____

_____

12. NAME(S) OF WITNESS(ES): _____

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____

14. SIGNATURE: _____15. DATE: _____

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STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM – DA2000

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT: _____

17. POSITION/TITLE: _____

18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION? _____Y _____ N

19. WAS EQUIPMENT INVOLVED? _____Y _____N (If no, skip to question 20) STATE-OWNED? _____ Y _____N

A. TYPE OF EQUIPMENT: _____

B. IS THERE A JSA FOR EQUIPMENT? _____Y _____N C. DATE LAST JSA PERFORMED:_____

D. MOST RECENT DATE AFFECTED EMPLOYEE RECEIVED TRAINING ON THE JSA: _____

20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED? _____Y _____N

21. DID INCIDENT INVOLVE SAME INDIVIDUAL? _____Y _____N 22. SAME LOCATION? _____Y _____N

23. WAS THE SCENE VISITED DURING THE INVESTIGATION? _____Y _____N

A. DATE & TIME: _____ B. ARE PICTURES/VIDEO AVAILABLE? _____Y _____N

C. IF NO, REASON FOR NOT VISITING:_____

ROOT CAUSE ANALYSIS

*UNSAFE ACT **(PRIMARY)**:* ☐*Failure to comply with policies/procedures* ☐*Failure to use appropriate equipment/technique* ☐*Inattentiveness* ☐*Inadequate/lack of JSA/standards* ☐*Incomplete or no policies/procedures* ☐*Inadequate training on policies/procedures* ☐*Inadequate adherence of policies/procedures*

*Other (specify)*_____

Detailed explanation of checked box _____

_____

WHY WAS ACT COMMITTED:

*UNSAFE CONDITION **(PRIMARY)**:* ☐*Inappropriate equip/tool* ☐*Inadequate maintenance* ☐*Inadequate training* ☐*Wet surface* ☐*Worn/broken/defective building components* ☐*Broken equipment* ☐*Inadequate guard* ☐*Electrical hazard* ☐*Fire Hazard*

Other (specify) _____

*Detailed explanation of checked box*_____

_____

WHY DID CONDITION EXIST:

CONTRIBUTORY FACTORS (IF ANY):

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

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