**GN WIOA Accident Investigation Form**

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| PARTICIPANT NAME EMPLOYER/WORKSITE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  JOB ASSIGNMENT/POSITION/TITLE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LENGTH OF EMPLOYMENT AT CURRENT JOB LOCATION OF INCIDENT  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE AND TIME OF ACCIDENT DATE AND TIME OF INVESTIGATION BY WIOA STAFF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TYPE OF INCIDENT  FIRST AID MEDICAL NEAR MISS (NO INJURY) LOST TIME OR RESTRICTED ACTIVITY |
| **ANALYSIS OF FACTS AND CAUSES** |
| WORK BEING PERFORMED AT TIME OF ACCIDENT (MACHINE / OPERATION, IF APPLICABLE)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LIST BEHAVIORAL FACTORS OR PHYSICAL HAZARDS:  1.  2.  3.    4.  5. |
| **CORRECTIVE ACTION** |
| INJURED PARTICIPANT RECOMMENDATIONS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WIOA STAFF RECOMMENDATIONS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  WHAT IMMEDIATE ACTION HAVE YOU TAKEN TO PREVENT A RECURRENCE OF THIS TYPE OF ACCIDENT?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE COMPLETED CAREER PLANNER’S SIGNATURE SUPERVISOR’S SIGNATURE |
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**Instructions for Accident Investigation Form**

**(This form must be completed no later than 1 week following a Worker’s Compensation Claim that is filed on behalf of a WIOA participant)**

Participant name: List the WIOA participant’s name.

Employer/Volunteer worksite: List the name of the employer or worksite that the participant was injured on.

Job Assignment/Position/Title: List the job assignment and job title that the participant was holding at the time of the injury.

Length of employment at current job: List the length of time that the participant had been placed on the worksite prior to the injury.

Location of incident: List the location of the worksite where the injury occurred.

Date and time of accident: List the date and time of the injury.

Date and time of investigation by Career Planner: List the date and time that you reviewed the worker’s compensation claim and accident. Note: this should be no later than 1 week following the accident and worker’s compensation claim.

Type of incident: Circle the type of incident that occurred.

Work being performed at the time of accident: Describe the type of work that the participant was doing when injured.

List behavioral factors or physical hazards: List any behavioral factors or physical hazards related to the jobsite or job duties that you are aware of and that may have contributed to the accident.

Injured participant recommendations: List any recommendations that the client provided upon your discussion with them regarding the details of the accident.

WIOA staff recommendations: List any recommendations that you have regarding the details of the accident and how this type of accident can be avoided in the future.

What immediate action have you taken to prevent a reoccurrence of this type of accident: List all steps that you have taken to prevent future accidents of this type.

Date completed: Date that you completed this form

Career Planner Signature: Your signature

Supervisor signature: Your supervisor’s signature

**ACTION**: File completed form in WIOA participant file.

Email a copy of this form to the Administrative Entity.