



Government of the Republic of Trinidad and Tobago

Ministry of Education

Accident Investigation Form

Investigator's Information		Accident log #:	
Full Name:	Email:	Unit/Division:	
Job Title:	Mobile #:	Office #:	
Names and Job titles of other investigators:			

1 Accident Information

Date of Accident:	Time of Accident: AM/PM	School/Division/Unit:
Address of Facility:	Location of Accident:	
Describe what happened:		

2 Injured Person

Name of injured person: _____

☐ Student ☐ Staff ☐ Visitor ☐ Other _____ (specify)

Nature of injury

- | | |
|---|--|
| <input type="checkbox"/> Strain/Sprain | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Allergic reaction |
| <input type="checkbox"/> Laceration/cut | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Scratch/abrasion | <input type="checkbox"/> Burn |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Other |

Location of Injury _____

Medical Response

Name of Person/Facility

- | | |
|--|-------|
| <input type="checkbox"/> First Aid | _____ |
| <input type="checkbox"/> Clinic/Hospital | _____ |

Describe the medical procedure administered

No of days given for leave _____

3 Property/Equipment Damage/Loss

☐ Property

☐ Equipment

☐ Chemical/Product

☐ Furniture

☐ Materials

Identify the item and describe the damage/loss

4 Potential Factors/Root Cause Analysis

Process/Environment-related		Personnel-related:	
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> No PPE	<input type="checkbox"/> Improper work technique	<input type="checkbox"/> Safety Rule violation
<input type="checkbox"/> Inadequate ventilation/Lighting	<input type="checkbox"/> Faulty/ Improper tools/ equipment	<input type="checkbox"/> Improper equipment use or selection	<input type="checkbox"/> No use or improper use of PPE
<input type="checkbox"/> Slippery condition	<input type="checkbox"/> Inadequate job planning/scheduling	<input type="checkbox"/> improper material Storage	<input type="checkbox"/> By-passed Safety Device/Guard
<input type="checkbox"/> Inadequate fall protection	<input type="checkbox"/> Inadequate guarding of hazard	<input type="checkbox"/> Improper lifting	<input type="checkbox"/> Horseplay
<input type="checkbox"/> Poor Workstation Process/Design/ Layout	<input type="checkbox"/> No written Procedure/policy	<input type="checkbox"/> Level of attention to task	<input type="checkbox"/> awkward position
<input type="checkbox"/> Congested work area	<input type="checkbox"/> Safety Rule not enforced	<input type="checkbox"/> Attentiveness	<input type="checkbox"/> Work pacing
<input type="checkbox"/> Hazardous Substance	<input type="checkbox"/> Failure to warn or secure	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Drug/Alcohol Use
<input type="checkbox"/> Insufficient Supervisor training	<input type="checkbox"/> Inadequate Supervision	<input type="checkbox"/> Insufficient knowledge of job	<input type="checkbox"/> Service Machine in Motion
<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Missing barriers/covers/lids	<input type="checkbox"/> Lack of/ Improper communication	
<input type="checkbox"/> Improper maintenance/ Inspection	<input type="checkbox"/> Premises/area not secure		
<input type="checkbox"/> Faulty Furniture			

5 Incident analysis

Explain using the information from section 4, support your findings with known facts to determine the cause of the incident.

Rate the accident/Incident

☐ Minor
 ☐ Major
 ☐ Severe
 ☐ Catastrophic

Possibility of reoccurrence

☐ Not likely
 ☐ Likely
 ☐ Very likely
 ☐ Extremely likely

6 Recommended Corrective Measures (action codes in brackets) *tick all that apply*

<input type="checkbox"/> Install barriers etc. (01)	<input type="checkbox"/> training required (05)	<input type="checkbox"/> provide PPE (09)
<input type="checkbox"/> Maintain housekeeping (02)	<input type="checkbox"/> signage required (06)	<input type="checkbox"/> review job performance (10)
<input type="checkbox"/> Provide proper tools/equipment (03)	<input type="checkbox"/> review of work procedure (07)	<input type="checkbox"/> workplace conditions remedial works required (11)
<input type="checkbox"/> replace defective equipment (04)	<input type="checkbox"/> review maintenance/inspection program (08)	<input type="checkbox"/> Other: (specify) (12)

7 Recommended Action plan

Action	Recommended corrective measures	To be implemented by	Timeline	Date Completed

8 Communication of Findings

Determine who the results of the findings should be shared with to prevent a reoccurrence.

Date submitted:

Signature: