Accident Investigation and Reporting

PURPOSE

This Accident Investigation and Reporting Policy is designed to provide direction for City of Mebane employees involved in workplace accidents. The following document provides information on the process for reporting accidents and the subsequent investigations. It should be considered a resource used by supervisors to properly document any accident involving a city employee.

This Policy is in accordance with OSHA 29 CFR 1904 and all applicable worker's compensation laws and regulations.

ADMINISTRATIVE

The Safety Officer, or designee, for the City of Mebane is responsible for maintaining and enforcing this policy. This person is solely responsible for all facets of the policy and has full authority to make necessary decisions to ensure the success of this policy.

REPORTING

All accidents shall be reported by the employee involved to their immediate supervisor as soon as possible after the incident occurs; but in no case shall it be longer than eight (8) hours. When accidents occur that create a situation where the employee(s) cannot report because of the extent of injury or death, it will likely be known by the supervisor. In any event if an employee is overcome by an accident that they themselves cannot report, then other employees in the area who have knowledge of the accident shall have a duty to report the accident to the appropriate supervisor or Safety Officer, or designee.

Once the Safety Officer, or designee, is made aware of an accident involving a work-related injury, they shall being the accident investigation process. The timeframe and notifications vary based on the severity of the accident and the number of employees involved.

If the Safety Officer, or designee, has been notified of an accident involving a work-related fatality or hospitalization of three (3) or more employees, they shall immediately notify the closest office of the Occupational Health and Safety Administration (OSHA). That number in North Carolina is 800-625-2267.

The Safety Officer, or designee, shall upon notification of a fatality or catastrophic accident cause to be generated a summary report that will be forwarded to the Office of Federal Agency Programs.

That report shall address the following:

- The name of the place of business; **
- The location of the accident; **
- The date and time of the accident; **
- The number of fatalities or hospitalized persons; ***
- The names of the employees involved; ***
- The name of a contact person and telephone number; ***
- A brief description of the incident; **
- A description of the operation; *
- Casual factors; *
- Agency corrective action(s); *
- Applicable standards and their effectiveness. *

(*) These items are to be included in the summary report to the Office of Federal Agency Programs only.

(**) These items are to be included in both the summary report and the initial notification after an accident.

(***) These items are to be included in the initial notification only.

If the caller calls to report an accident to the NCOSHA, during a time other than regularly scheduled business hours at 800-625-2267, then that person shall call 800-321-6742, which is the U.S. Department of Labor. In no case should the caller leave a message on any type of recording devise or attempt to fax in a report.

DOCUMENTATION

The supervisor of the employee involved in the accident will be responsible for capturing information from the accident on the City of Mebane's Accident Investigation and Reporting form. Supervisors must complete the form within four (4) hours of the accident and provide the forms to the Safety Officer, or designee.

The Safety Officer, or designee, is responsible for providing all accident information to the Human Resources Director. Accidents will then be recorded on the OSHA 300 log. This will include injuries from a motor vehicle incident, even if the injury is not reportable to OSHA.

SCENE PRESERVATION

In every accident where there is cause for investigation, with the exception to protect employees and the public, evidence at the scene of the accident shall not be disturbed by any employee or the public. If for any reason assistance for scene security is in question, city employees shall contact the Mebane Police Department or/and Sheriff's Office to secure such scene until OSHA inspectors arrive and take control.

For accidents where an external investigator are not involved, the supervisor and Safety Officer, or designee, will conduct the investigation. Once the investigation is complete, the scene will be released. The supervisor and Safety Officer, or designee, must both agree to release the scene.

INVESTIGATION PROCESS

The investigation process will be conducted internally, unless the North Carolina Department of Labor or the Occupational Health and Safety Administration are involved. When external agencies conduct the investigation, their agency/organization's policy and process will be utilized.

When accidents occur in the City of Mebane and external investigators are not required, the Safety Officer, or designee, will facilitate the investigation. The following actions should take place:

- Receive and review the Accident Reporting form(s)
- Assess the accident scene with the supervisor of the employee involved in the accident
- Interview the employee involved in the accident
- Speak with others involved or in proximity to the accident site
- Release the accident site when appropriate in coordination with the supervisor
- Complete a final report on the accident and provide to the Safety Committee

NOTIFICATION OF INVESTIGATION RESULTS

Once the investigation of an accident has been completed and the report finalized, the results of the cause of the accident shall be conveyed to the employee(s) so that they will know steps to take in order to prevent such accidents from occurring in the future. The methods used to convey the findings can take the form of staff meetings, posting on bulletin board or any other means necessary that will provide information to the employee(s).

POLICY MAINTENANCE

This document will be reviewed annually by the City of Mebane's Safety Committee and all revisions/updates will be completed by the Safety Officer, or designee.

Policy Review and Critique Form

Review by:

Danny C. Lineberry Jr.

EnviroSafe Consulting and Investigation

2012 Anthony Road

Burlington, N.C. 27215

Date:

1 / 28 / 2015

Type of review:

Annual: _X_ Post-Emergency: ____

Problems leading to review:

_____

Problems noted during review:

_____

Action to be taken:

_____

CITY OF MEBANE: INJURY REPORT FORM

Instructions: Employees shall use this form to report ALL work related injuries, illnesses, or near miss events (those that could have caused an injury or illness). ALL of these events must be reported, no matter how minor. This form shall be completed by employees immediately following an incident and provided to the supervisor. Supervisors may fill out this form when the injured employee is unable to complete in a timely manner. Completed forms must be submitted to Human Resources within 24 hours.

Employee Name		Job Title	
Department		Supervisor Name	
Has your supervisor been informed of the injury/illness/near miss? ☐ Yes ☐ No			

I am reporting a work related: ☐ Injury ☐ Illness ☐ Near Miss ☐ Property Damage			
Date of Accident		Time of Accident	
Accident Location			
Weather Conditions (*if applicable*)			
Witnesses (*if any*)			
What were you doing when the accident occurred?			
Describe step by step what led to the injury/illness/near miss. (*Use additional paper if necessary – be thorough*)			
Give examples of what could have been done to prevent this accident.			

Describe your injury/illness			
Parts of the body injured			
Has this part of the body been injured before? (*Explain if multiple body parts injured*) ☐ Yes ☐ No			
If yes, then how and when?			
Did you see a doctor (*General Practice, Urgent Care, or ED*) for this injury or illness? ☐ Yes ☐ No			
Name of Doctor/Medical Provider		Date Seen	
Medical Provider's Phone Number		Time Seen	
Medical Provider's Address			

Employee Signature:	Date:	Supervisor Signature:	Date: