

# LONG ISLAND CARES, INC. ACCIDENT / INCIDENT REPORT

## COMPLETING THE REPORT

As soon as possible after the event the investigator should identify and consult with injured person(s) (if an injured person was not available, please note); employee(s) and witness(es) who were involved in the accident/incident and any people who have information on events and conditions prior to the event. Attach pages as needed for additional data, diagrams, and lists of other injured person(s), employee(s), and witness(es). Ensure all questions are answered as possible and obtain all available signatures.

## DETAILS OF THE ACCIDENT / INCIDENT

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Describe what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## INJURED PERSON (Attach a list of additional injured person(s).)

Name: \_\_\_\_\_  employee  volunteer  intern  client  vendor  visitor

Address: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Email address: \_\_\_\_\_

Nature of injury: \_\_\_\_\_

\_\_\_\_\_

Treatment:  none (not needed)  refused (by injured)  first aid  has/will see doctor  emergency  hospital

Treatment Details: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYEE / WITNESS (Attach a list of additional employee(s) and/or witness(es).)

Name: \_\_\_\_\_  employee  volunteer  intern  client  vendor  visitor

Address: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Email address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

## SIGNATURES (Additional injured person(s), employee(s), and/or witness(es) should sign the attached lists.)

Injured: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# LONG ISLAND CARES, INC.

## ACCIDENT / INCIDENT REPORT (INTERNAL USE ONLY)

### PREVENTIVE ACTION

What action has been / should be taken to prevent a recurrence? \_\_\_\_\_

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### OTHER COMMENTS

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### HELPFUL QUESTIONS

Investigator: The following questions may assist in determining the facts and a plan of action to prevent recurrence.

<p><b>WHO</b></p> <ul style="list-style-type: none"><li>• was injured?</li><li>• saw the accident?</li><li>• was working with the injured person?</li><li>• had instructed and/or assigned the job to the injured person?</li><li>• else was involved?</li><li>• has information on events prior to the accident?</li></ul> <p><b>WHAT</b></p> <ul style="list-style-type: none"><li>• is the injury?</li><li>• is the damage or loss?</li><li>• was the injured person doing?</li><li>• had the injured person been instructed to do?</li><li>• tools were being used?</li><li>• machinery/plant/equipment was in use?</li><li>• previous similar accidents or near misses have occurred?</li><li>• action had been taken to prevent recurrence?</li><li>• did the injured person and witnesses see?</li><li>• safety rules were violated?</li><li>• training had been given?</li></ul>	<p><b>WHEN</b></p> <ul style="list-style-type: none"><li>• did the accident occur?</li><li>• did the damage become evident?</li><li>• did the injured person start the job?</li><li>• was an explanation of the hazards given?</li><li>• did the supervisor last see the injured person?</li><li>• was something observed to be wrong?</li></ul> <p><b>WHERE</b></p> <ul style="list-style-type: none"><li>• did the accident occur?</li><li>• did the damage occur?</li><li>• was the supervisor at the time?</li><li>• were the witnesses at the time?</li></ul> <p><b>WHY (as applicable)</b></p> <ul style="list-style-type: none"><li>• did the injury occur?</li><li>• was training not given?</li><li>• were specific safety instructions not given?</li><li>• did training/communication fail?</li><li>• were the unsafe conditions permitted?</li><li>• was the hazard not evaluated?</li><li>• was protective equipment not provided/used?</li></ul>
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### SIGNATURES

Investigator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Controller: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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