

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 all incidents/accidents except 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: _____

This form is for internal use only
and is prepared in anticipation of litigation.

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: _____
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 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: