



# **City Of Round Rock**

## **Accident Investigation Procedure**

**Revised 7/15/13**

**A primary tool used to identify and recognize the areas responsible for accidents is a thorough and properly completed accident investigation. It adequately identifies the cause(s) of the accident or near-miss occurrence.**

All accidents, incidents, or near misses will be investigated no matter how minor. Minor accidents/incidents probably may not require a long in-depth investigation. However, at the least, the cause, trends and preventive measures need to be determined. *Remember, find out the who, what, when, where and why.*

#### **I. Accident Investigation policy:**

Located in the City's Human Resources Policies and Procedures Manual is the City's Safety Policy. The policy states: All accidents, incidents, near misses, unusual occurrences, and environmental events shall be reported, recorded, and investigated in accordance with the Department's Risk Management Plan.

#### **II. Accident & Injury Reporting:**

All accidents/incidents must be reported using the City of Round Rock Incident Report which is available on the Human Resources portal. This completed form should be forwarded to Risk Management and will be used by safety staff to assist them in eliminating hazards and preventing similar accidents. The supervisor will fill out sections 5c thru 6 of the incident report. If you have submitted an initial incident report without any comments just submit pages 2 and 3 again. Your final findings may be put in a memorandum.

#### **III. Goal:**

Ensure that the department's accident/incident investigation system is being utilized and incident/accident circumstances are analyzed, evaluated and strategies are developed to prevent recurrence.

#### **IV. Objective:**

- Investigate any incidents/accidents, including near misses, medical injuries and illnesses.
- Identify causal factors (i.e., environment, behavior, practices) of loss.
- Analyze and evaluate causal factors noted in incident reports and recommend corrective action.
- Increase the knowledge, skill and ability of managers/supervisors in conducting thorough and quality accident investigations.
- Protect health & safety of all employees.
- Spot trends.
- Make changes to enhance operations and improve morale.
- Create awareness.

#### **V. Procedures:**

- Seek medical attention if needed.
- Shut down operations at the accident site.
- Secure the scene.
- Don't move any equipment.

- Make a diagram of the area.
- Take a minimum of three pictures of the area.
- Get witness statements from everyone involved.
- Put your initial findings on the incident report form.
- Once you have the final report a meeting can be held with the injured worker, the crew or the staff, and all supervisors/managers in the division or department, Department Director, Risk Manager and Safety Coordinator as needed. Go over your findings and recommendations based off your investigation. This should be done seven days after the accident. *Note: this is not always necessary for minor accidents/incidents unless a trend is detected. At the least, conduct your investigation and share your findings and recommendations with the involved parties.*

## **VI. How to investigate an accident/incident:**

1. Prompt Reaction and Response
  - A timely accident investigation is critical.
  - Once the injured parties have received medical attention, the investigation process should begin.
  - In the case of incidents without injuries, the investigation should begin as soon as the scene is secured.
2. Interviews
  - Fact-finding, not fault-finding
  - Obtain accurate information
  - Ask open-ended questions
3. Documentation and Records
  - Training Records
  - Safety Meeting Records
  - Maintenance Schedules
  - Previous Incident Reports
4. Additional Factors
  - Time of shift
  - Time constraints
  - Morale
  - Inadequate staffing
  - Changes in operations

## **VII. Accident Investigation steps:**

The following steps should be taken when conducting an accident investigation:

1. Determine what happened.
2. Determine why the incident occurred.
3. Describe the incident that took place.
4. Establish the facts surrounding the occurrence. This is the heart of the investigation—the investigator must determine who, what, when, where and why.

5. Determine whether previous action had been taken to correct the problem. If so, what was it? Why did it fail this time?

**VIII. The following questions should be asked when conducting an accident investigation:**

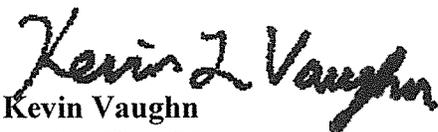
1. What was the employee doing at the time of the accident?
2. Was the employee qualified to perform this operation?
3. Were proper procedures being followed?
4. Is the job or process new? Had the employee received training on this operation prior to the accident?
5. Were proper tools or equipment being used?
6. Was the proper supervision being provided?
7. What was the location of the accident?
8. What was the physical condition of the area when the accident occurred? For example, was the temperature of the area hot or cold; if outside, was it wet or muddy; was there debris in the area, was the area clear, etc.?
9. What were witnesses doing at the time of the accident?
10. What immediate or temporary action could have prevented the accident or minimized its effect?
11. What long-term or permanent action could have prevented the accident or minimized its effect?
12. Did any unsafe act contribute to the cause of the accident? If so, is any disciplinary action being recommended?
13. Had any disciplinary action been taken with this individual for unsafe acts in the past?

**Once you have completed your investigation, prepare an investigation summary of findings and recommendations.**

**IX. Things to remember:**

- Don't rush your investigation.
- Ask for assistance if you need it.
- The Risk Manager or Safety Coordinator may conduct their own inquiry or investigation into the accident or incident.

**We want accident prevention not accident investigation!**

  
Kevin Vaughn  
Interim Risk Manager



# CITY OF ROUND ROCK INCIDENT REPORT

All accidents, incidents, vandalism and unusual events involving: employees, citizens, City vehicles, mobile equipment, and all other property damage or loss, must be reported promptly to your immediate supervisor and to Risk Management. All motor vehicle accidents and vandalism involving City property must also be reported to the Police Dept. All sections of this incident report must be completed as applicable by the employee and supervisor and forwarded to Risk Management within 24 hours of the incident.

All statements made in this report must be truthful. Any employee who intentionally files an incomplete, inaccurate, or false report will be subject to disciplinary action, up to and including termination.

**Involved Employee: Completes Sections 1 – 5b and 7. Supervisor: Completes Sections 5c-6.**

<b>Section 1: Employee Information</b>			
Name: _____	Dept.: _____	Job Title: _____	
<b>Section 2: Incident Type</b>			
Date of Incident: _____	Time of Incident: _____	Date Reported: _____	
<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> City Property Loss / Damage	<input type="checkbox"/> Injury / Illness	
<input type="checkbox"/> Mobile Equipment	<input type="checkbox"/> Private Property Loss / Damage	<input type="checkbox"/> Exposure	
<input type="checkbox"/> Near Miss	<input type="checkbox"/> Theft / Vandalism of City Property		
<input type="checkbox"/> Police Report attached	<input type="checkbox"/> Witness Statement Attached	<input type="checkbox"/> Administration Report Attached <small>(Police / Fire must submit)</small>	
<b>Section 3: Medical Information Employee/Citizen Injury Or Illness</b>			
Type of Injury / Illness: _____		Part of Body Injured: _____	
Any Medical Attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If Yes, supply doctor's report/statement)</small>		Date of Medical Attention: _____	
Doctor's name: _____		Facility: (Name of Hospital / Clinic) _____	
Address: _____		City: _____	State: _____ Zip: _____
<input type="checkbox"/> Lost Time-Began _____	<input type="checkbox"/> Light Duty-Began _____	<input type="checkbox"/> Reg. Duty-Began _____	
<b>Section 4: Private Property Damage/ Injured Citizen Information</b>			
<b>Complete This Section On All Private Property Loss / Damage and Injured Citizens:</b>			
<input type="checkbox"/> Private Property Loss / Damage			
Name of Private Party: _____		Phone #: _____	
Mailing Address: _____			
City / State / Zip: _____			
Insurance Company _____		Phone #: _____	
Policy Number: _____		Date: _____	
Vehicle Make: _____		Vehicle Model: _____	
Model Year: _____		License Plate Number: _____	

**Section 5: Incident Information**

Location of Incident:

(Give General Location: stairs, yard, street, park, etc.) \_\_\_\_\_

Address:

(Where Incident/Event Occurred) \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

5a. How/Why Incident/Event Occurred:

5b. Witnesses:

**THE FOLLOWING BLOCKS MUST BE FILLED OUT BY THE SUPERVISOR.**

5c. Were All Safety Procedures Followed? (Please Explain)

Yes  No

5d. Could This Event Have Been Prevented? (Please Explain)

Yes  No

5e. State Corrective / Preventative Actions To Be Taken:

**Section 6: Supervisor Information**

***Supervisors please complete this section:***

Incident/Event investigated by: (Supervisor's Name) \_\_\_\_\_

Date reported to supervisor: \_\_\_\_\_

Time reported: \_\_\_\_\_

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

Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date for follow up:

Risk Management comments:

\_\_\_\_\_  
Risk Management reviewer signature

\_\_\_\_\_  
Date





## CITY OF ROUND ROCK INCIDENT REPORT CHECKLIST

To expedite the case management process, please ensure that the following report critical elements are completed, and relevant documents such as police reports, medical statements, employee statements, duty status slips, etc., are submitted to Risk Management within 24 hours in order to comply with state law. **Please fax an initial report within 24 hours, followed by the original through interoffice mail.**

**Please ensure all of the following are included in the incident report:**

- Personal Information.
- Date/time of incident/event, reporting date to supervisor, medical attention date and information.
- ALL motor vehicle accidents and vandalism involving City property must be reported to the Police Department. Include Police Report # on form.
- Accident detailed information to include asset number and descriptions, etc.
- Incident detailed information to include location, how incident occurred, witnesses, prevention, etc.
- Photos of the accident or incident.
- Supervisor statements and accident investigation findings.**
- Attach supplemental report if necessary or as requested.
- Incident report must be signed by the involved employee and supervisor.
- Attach all medical documentation and/or physician's authorization if received.

**Important:**

- 1) All information must be complete, accurate, and truthful.
- 2) All provided statements may be considered sworn statements.
- 3) ***All incidents and accidents must be investigated!***



## Accident Investigation Checklist

DEPARTMENT/LOCATION: \_\_\_\_\_

INVESTIGATION DATE: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

<b>Obtain basic facts</b>	YES	NO	N/A
Names of injured/ill employee(s)/witnesses/people early on the scene			
Condition of any equipment			
Any chemicals / substances in use or present			
Layout of area and take photos			
Place, time, conditions			
<b>Establish circumstances</b>			
What was being done at the time and what happened?			
Immediate causes			
Events leading up to the incident			
Competence, e.g. what instructions and training were given before the event and how much experience in the job did the people involved (including supervisors) have? Were they aware of the dangers associated with the activity?			
What were the established methods of carrying out the task? Were they adequate? Were they being followed?			
<b>Identify preventive measures</b>			
Review the risk assessment for the activity. What precautions should have been in force? What training should those carrying out the activity have received?			
What precautions were actually taken? Compare them with those which should have been taken. What training was actually given? Compare it with training which should have been given.			
<b>Establish whether the initial response to the accident was adequate</b>			
Was prompt and appropriate action taken?			
<b>Identify the underlying causes</b>			
These might include:			
<ul style="list-style-type: none"> <li>• Lack of management or supervision oversight</li> </ul>			
<ul style="list-style-type: none"> <li>• Lack of competence or inadequate training</li> </ul>			



## Accident Investigation Checklist

• Unsafe action occurred			
• Shortcomings in original design of equipment or facilities			
• Absence of a system for maintenance			
<b>Determine actions needed to prevent a recurrence</b>			
In deciding on the right course of action, think whether the outcome could have been more serious and what prevented this from happening.			
If the intended precautions appear adequate but they were not fully implemented, why was this? What needs to be done to ensure necessary precautions are taken in the future? Actions to prevent a recurrence might include			
• improve physical safeguards			
• review policies, procedures or rules to see if they need to be updated, revised or eliminated			
• improve work methods			
• provide and use personal protective equipment			
• make changes to training requirements			
• review similar dangers elsewhere in the City's Departments			
• review procedures involving outside contractors			

**Finding and recommendations:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_