



# CITY OF WAYCROSS ACCIDENT INVESTIGATION REPORT

PEOPLE	YES	NO
Employee job skills and capabilities meet job requirements?		
Employees receive proper training?		
On the job training?		
Standard rules and operating procedures followed and enforced?		
Proper personal protective equipment required and worn?		
Machine guards alerted or displaced?		
Unauthorized employees in restricted area?		

EQUIPMENT	YES	NO
Improper equipment design?		
Equipment has required safety controls and guards?		
Equipment properly maintained?		
Written maintenance program?		
Personal protective equipment in good condition?		
Personal protective equipment available?		
Personal protective equipment fit employee properly?		

VEHICLE / PROPERTY	YES	NO
Driver injured?		
Others injured?		
Insured cited?		
Drivers licensed?		
Vehicle damaged?		
Other property damaged?		
Unsafe conditions/modifications?		
Seat belts worn?		

ENVIRONMENT	YES	NO
Ventilation / lighting systems?		
Workplace layout correct?		
Employee material handling minimized?		
Housekeeping?		
Nighttime or daytime?		
Weather condition/wind/temperature?		
Surface conditions?		

MATERIAL	YES	NO
Proper storage system used?		
Proper handling procedures loading/unloading/transporting?		

List causes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List recommendations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of investigator \_\_\_\_\_ Date \_\_\_\_\_