### 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 <u>all</u> incidents/accidents <u>except</u> 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 OCCU	JRRED: (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 F	REPORT:	
14. ELECTRONICALLY SIGNED BY:	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?YN
19. WAS EQUIPMENT INVOLVED?YN (If no, skip to question 20) STATE-OWNED?YN
A. TYPE OF EQUIPMENT:
B. IS THERE A JSA FOR EQUIPMENT?YN C. DATE LAST JSA PERFORMED:
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED?YN
21. DID INCIDENT INVOLVE SAME INDIVIDUAL?YN
22. SAME LOCATION?YN
23. WAS THE SCENE VISITED DURING THE INVESTIGATION?YN
A. DATE & TIME:YN
C. IF NO, REASON FOR NOT VISITING:
ROOT CAUSE ANALYSIS
UNSAFE ACT ( <b>PRIMARY</b> ): 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).
CONTRIBUTORY FACTORS (IF ANY):
IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:
LONG RANGE ACTION TO BE TAKEN:
WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE: