

Instructions for the Incident/Accident Investigation Form

(SORM-703)

Purpose of Form: Effective loss control efforts require documentation of incidents and accidents to determine hazards or problem areas, procedures, or systems and to perform trending. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. The SORM 703 provides an outline of needed information. The document becomes a legal accounting of the facts surrounding the incident/accident.

Filing Deadline: If the incident or accident resulted in the filing of a workers' compensation claim, the form must be received by SORM not later than the **7th calendar day** after the filing of the DWC-1s. Agencies having an established investigation procedure and form that meets or exceeds the requirements of the SORM 703 may, after review and approval by the SORM Risk Specialist assigned to the agency, continue to use the form. All other agencies must use this form.

Completed by: The Agency Accident Investigator

A. Employee Data

Complete the top of the form with the identifying information and the date and time of the incident/accident. If a claim has been filed, complete the space for the claim number.

B. Incident Description

Attachment 1 contains benchmarked accident investigation procedures. Sufficient action is necessary to ensure that all facts surrounding the incident/accident are obtained so that effective loss control procedures can be established to protect against future incidents/accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the incident happen? – Go to the scene. Provide a visual image of the location of the incident. The reader should be able to visualize the area and the surrounding environment.
2. What was happening at the time of the incident? – Document the sequence of events leading up to the incident/accident. Include names of people interviewed and activities surrounding the event.
3. Describe any injury incurred, body parts and kind/s of injury/ies. – Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved.
4. What exactly caused the physical injury, or if an injury was avoided, what could have caused an injury? – What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?

C. Investigation Results

5. After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?

D. Corrective Action

6. What is recommended to help prevent this type of incident/accident from occurring again? Provide short term and long term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes
7. Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

E Signature Block

8. The investigator should sign and date/time the completion of the form.

Distribution: **Original:** Agency Risk Manager or Risk Management Contact
Copies: Agency Safety Officer
 Affected Employee's Supervisor
 Director/Manager of Department or Section

NOTE: If a workers' compensation claim is filed, send a **copy** to:
 SORM Claims Department – Fax # 512-472-0237

Attachment 1

ACCIDENT INVESTIGATION BEST PRACTICES

I. Fact-Finding

1. Emphasis is placed on gathering facts; not to place blame, or determine the cause of accident.
2. Inspect the accident site before any changes occur
3. Preserve essential and critical evidence
4. Take photographs and/or make sketches of the accident scene.
5. Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
6. Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
7. Ask *who, what, when, where, why, and how* during interviews.
8. Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
9. Remain completely objective during interviews and in documentation – no opinions, just the facts.
10. Keep complete and accurate notes.

II. Interviews

1. Get preliminary statements from victims and witnesses as soon as possible.
2. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
3. Let each witness speak freely and take notes without distracting the witness.
4. Record the exact words used by the witness to describe each observation.
5. Be sure that the witness understands each question.
6. Identify the witness completely (name, occupation, years of experience, phone number).
7. Supply each witness with a copy of his or her statement (signed statements are desirable).

III. Accident Reconstruction

1. Develop a sequence of events from the information obtained from the victims and witnesses.
2. Identify hazardous conditions present during the accident.
3. Identify unsafe work practices present during the accident.
4. Identify system issues that caused or contributed to the accident.
5. Determine root causes of the accident by Fault Tree Analysis, Job Safety Analysis, or other methods.
6. If discrepancies exist, contact SORM claims adjuster regarding the discrepancies, and possibly seek assistance from professional accident investigator/reconstructionist.

IV. Investigation Reporting

1. Provide complete, thorough information about the accident (the *who, what, when, and where* data).
2. Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
3. Identify hazardous conditions and/or unsafe work practices for each event of the accident.
4. Identify the root cause of each hazardous condition or unsafe work practice.
5. Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions, unsafe work practices, and root causes.
6. Describe the corrective actions recommended, the persons who are accountable for each corrective action, and the approximate time frame for correction.

V. Corrective Actions

1. Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.
2. Recommend long-term corrective actions that correct policies, programs, plans, processes, and/or procedures.
3. Recommend engineering controls, administrative controls, and/or personal protective equipment.
4. Estimate the cost to implement each immediate and long-term corrective action.
5. Develop an action plan for each corrective action.
6. Monitor implementation of the action plan to ensure appropriate corrective action is taken.

To the Employer:

An offer of modified duty must be made in writing, it must be presented with a copy of the corresponding Work Status Report (DWC-73), and must clearly state the following even if it is the same as the employee's regular position:

1. The location at which the employee will be working;
2. The schedule the employee will be working;
3. The wages the employee will be paid;
4. A description of the physical and time requirements that the position will entail; and
5. A statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.

SORM and DWC consider the following items when evaluating whether an offer of employment is bona fide:

1. The work location is geographically accessible given physical limitations, distance, and availability of transportation;
2. The offered schedule is similar to the preinjury work schedule
3. The physical and time requirements are consistent with the doctor's certification of the employee's work abilities; and
4. The manner in which the offer was made to the employee.

Employment is "geographically accessible" to the injured employee if it is within a reasonable distance from the employee residence unless the employee proves with medical evidence that their physical condition precludes traveling that distance.

If the employee is released to work with restrictions by a doctor but refuses to accept the work, income benefits may be suspended based on offered wages.

It also is important the SORM receive copies of all correspondence dealing with a bona fide offer of employment. Therefore, always send the adjuster a copy of the letter when the letter is mailed and when an employee's response is received.

The following two pages contain a sample letter for a Bona Fide Offer of Employment and the sample instructions that should be sent along with the letter.

**Bona Fide Offer of Employment
Sample Instructions to the Employee**

PLEASE FOLLOW THE INSTRUCTIONS BELOW:

1. Read the attached letter carefully. If this letter is not clear please contact our office immediately for clarification.
2. Please check the appropriate space below indicating acceptance or denial of the offer of employment.
3. Sign and date the form.
4. Return the letter immediately. A phone call may be made to accept or not accept the position. Refusal to accept the bona fide job offer may affect your temporary income benefits.

SAMPLE LETTER MAKING A BONA FIDE OFFER OF EMPLOYMENT

(Certified Mail Return Receipt #)

(Date)

(Employee name)

(Address 1)

(Address 2)

Re: Bona Fide Offer of Employment

Dear **(Employee name)**:

After reviewing the information provided by your doctor, we are offering you the following temporary work assignment.

This assignment is within your capabilities as described by your doctor on the attached Work Status Report (DWC-73). You will only be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided.

Position title: _____

Description of physical requirements of this position: _____

Location: _____

Duration of assignment: From: (_____) To: (_____)

Work Hours: From: (_____) To: (_____)

Wages: _____(Hour, Week, Month)

Department: _____ Supervisor: _____

This job offer will remain open for seven (7) calendar days from your receipt of this letter. If you do not respond within seven (7) calendar days, we will presume you have refused this offer. Refusing this offer may impact your income benefits.

We look forward to your return. If you have any questions, please do not hesitate to contact me **(include phone number or email address)**.

Sincerely,

(Signature)

(Typed name and title)

EMPLOYEE:

_____ I have read and understand the requirements of the position and accept the position.

_____ I have read and understand the requirements of the position but do NOT accept the position.

Employee's Signature

Date Signed