

Employee Post Incident/Accident Analysis (DA 2000)

[Required for all incidents/accidents]

This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM
Worker's Compensation Claims—For Agency Use Only**

(PLEASE TYPE OR PRINT)

1. AGENCY _____

2. ACCIDENT DATE _____ 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 WITNESSES _____

13. NAME OF PERSON COMPLETING THIS SECTION OF REPORT _____

14. SIGNATURE _____ 15. DATE _____

**KEEP COMPLETED FORMS ON FILE AT THE LOCATION
WHERE INCIDENT/ACCIDENT OCCURRED**

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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)

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:

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