

**FELTON FIRE PROTECTION DISTRICT**  
**STANDARD OPERATING PROCEDURES**

**ARTICLE: II**                                      **SOP: 2104**  
**SECTION: 2100**                                  **SAFETY**  
**SUBJECT: ACCIDENT INVESTIGATION**

**PURPOSE:**                      To investigate all work related accidents and to have a thorough program for accident investigation.

**SCOPE:**                              To ensure a complete and thorough investigation of all work related accidents.

**PROCEDURE:**

The investigation is to provide information for determining the cause of the accident and what can be done to prevent a similar accident. The Fire Chief or chief's designee will investigate all accidents. Accidents involving fire, death, serious injury, or extensive property damage will be investigated by the Fire Chief. The objective of the investigation is to be FACT FINDING - NOT FAULT FINDING. The completed investigation report will be used for review.

*Note: This is a supplement to the SOP on Reporting Work Related Injuries.*

1.            When an fire fighter is injured, the Officer in charge will be responsible for taking emergency action as follows:
  - Administer first aid.
  - Obtain professional medical attention if needed
  - Protect other fire fighters and equipment
  - Notify the FireChief
  
2.            The Accident Investigation Report. (see attached form), will be used to prepare reports required by:
  - Federal and State Law.
  - Workers' Compensation Insurance Carriers.

**GUIDELINES FOR AN INVESTIGATION**

In order to perform a useful investigation, the investigator will have to interview witnesses. The investigating person will attempt to recreate the entire incident. The investigator needs to identify what was going on before and during the accident in order to prevent it from recurring. The following guidelines will help the investigator conduct an investigation:

- A. Complete the investigation as soon after the accident as is possible. People forget details quickly in an emotional state.
  
- B. If available, photograph the area, tools, equipment, and processes. Photographing employee's faces is not recommended.

- C. Interview all persons involved with the accident.
- D. When interviewing witnesses after an accident, it is important to put each person at ease. Tell the person you are looking for the facts only and not trying to blame anyone. Placing blame only hinders you in obtaining useful information. Putting the person at ease should be done several times during the interview.
- E. Interview fire fighters separately. In this way, what one person says will not influence what someone else says. Multiple versions of the same incident create a more complete picture.
- F. Ask open-ended questions that do not elicit one word answers, such as "What did you see?"
- G. During the interviews, inform each witness of what is being done for the injured person.
- H. Avoid talk that will mislead or confuse the witnesses.
- I. Do not accept, deny, or promise anything. The purpose of the investigation is to gather facts only.

### QUESTIONS TO BE ANSWERED

- \* What was/were the person/persons involved doing at the time of the accident?
- \* What tools or equipment were involved, if any?
- \* Where did the accident occur (be specific, including- location, area, or job site)?
- \* What was happening around the work area (external influences)?
- \* Did the person/persons involved know what the hazard was?
- \* Was the person/persons involved trained to do the job in question?
- \* What contributed to this accident (i.e. another work group, defective tool, faulty equipment)?
- \* Was more than one person involved? If so, who and how?
- \* Were there any witnesses? If so, who are they and what did they see?
- \* Was the accident preventable (in your opinion)?
- \* Based on answers received in the investigation, make recommendations to prevent recurrence.

*(Recommendations must be action oriented. "Be more careful" is not satisfactory)*

### REQUIRED WRITTEN REPORTING

The Accident Investigation Report must be filled out after all accidents.

If there are injuries, the following forms must be filled out. (See Standard Operating Procedures relating to accident reporting)

- \* Employee's Claim for Workers' Compensation Benefits
- \* Employee - Employer Report of Occupational Injury or Illness
- \* Supervisor's Accident Report - Workers' Compensation Claims

# FELTON FIRE PROTECTION DISTRICT

## ACCIDENT INVESTIGATION REPORT

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

Person Involved: \_\_\_\_\_ Job Title: \_\_\_\_\_

### *Accident/Injury:*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Job or activity when accident/injury occurred: \_\_\_\_\_  
\_\_\_\_\_

### *Describe Accident/Injury:*

Cause: \_\_\_\_\_  
\_\_\_\_\_

### Witness/Witnesses:

1. \_\_\_\_\_  
*Name Address Phone Number*

2. \_\_\_\_\_  
*Name Address Phone Number*

Investigator Summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action: \_\_\_\_\_  
\_\_\_\_\_

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