



Loss Control & Prevention

Volunteer Accident Investigation Report

Appendix G

Parish/School Information			
Location Name:			Location #:
Location Address:		Telephone:	
Volunteer Manager:		Email:	
NOTICE TO ALL VOLUNTEER MANAGERS: THIS REPORT MUST BE COMPLETED AND SUBMITTED ALONG WITH A COPY OF THE VOLUNTEERS SIGNED WAIVER, TO THE LOSS CONTROL & PREVENTION DEPARTMENT, EMAIL TO LAVOUN@DSJ.ORG TELEPHONE: 408-983-0237.			
Volunteer Personal & Work Information			
Volunteer Name:		Telephone:	
Home Address:		E-mail Address:	
Volunteer Position:		SSN:	
Volunteer Manager:		Telephone:	
Volunteer Injury Information			
Date of Injury:	Loss Time: <input type="checkbox"/> Yes <input type="checkbox"/> No		Loss Amount/Hours:
Type of Injury:			
Description of How Injury Occurred:			
Basic Causes of Accident			
A. Employee	B. Supervision	C. Unsafe Equipment/Materials	D. Unsafe Conditions
<input type="checkbox"/> Haste or short cuts. <input type="checkbox"/> Equipment such as jacks, ladders, hoists, etc. <input type="checkbox"/> Goggles, respirators, masks, etc. provided but not used. <input type="checkbox"/> Improper or unsafe tool or equipment used. <input type="checkbox"/> Horseplay or fooling around. <input type="checkbox"/> Instructions or rules disregarded. <input type="checkbox"/> Violation of safety procedures: <input type="checkbox"/> reviewed in job training; <input type="checkbox"/> reviewed in safety meetings. <input type="checkbox"/> Inexperience or inattention. <input type="checkbox"/> Physical condition of employee. <input type="checkbox"/> Improper body position. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Act of fellow employee. <input type="checkbox"/> Improper clothing.	<input type="checkbox"/> No job briefing. <input type="checkbox"/> Incomplete job description. <input type="checkbox"/> Rules, standards or instructions not enforced. <input type="checkbox"/> Personal safety devised not provided on job (goggles, safety belts, masks, respirators, etc.). <input type="checkbox"/> Correct or safe tools not provided. <input type="checkbox"/> Inadequate inspection of equipment or jobs. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Poor job planning. <input type="checkbox"/> Too much risk. <input type="checkbox"/> Inadequate job training by supervisor.	<input type="checkbox"/> Ineffectively guarded equipment. <input type="checkbox"/> Unguarded equipment. <input type="checkbox"/> Defective materials. <input type="checkbox"/> Defective tools. <input type="checkbox"/> Defective equipment (not motor vehicles). <input type="checkbox"/> Defective motor vehicle equipment. <input type="checkbox"/> Unsafe equipment or material of contractor, non-employee or customer. <input type="checkbox"/> Improper type or poor design.	<input type="checkbox"/> Poor light. <input type="checkbox"/> Poor ventilation. <input type="checkbox"/> Bad housekeeping. <input type="checkbox"/> Improper piling or storing. <input type="checkbox"/> Tools, equipment or materials scattered around. <input type="checkbox"/> Slippery floors or other places. <input type="checkbox"/> Unsafe conditions caused by other persons.

State in detail why you selected the above Basic Causes (Use additional page if needed):

Column A: What was the unsafe condition?:

Column B: Why did this occur?:

Column C: What was the unsafe act?:

Column D: Why was it permitted?:

To prevent a reoccurrence, what have you done, or what do you suggest?

Did you submit a request to repair unsafe conditions? ☐ Yes | ☐ No | Date:

Report Authorization

FORM MUST BE COMPLETED IN ALL RESPECTS, SIGNED AND DATED TO AUTHORIZE THE FINDINGS.

Report Completed By:

Date Completed:

Position/Title:

Telephone:

Loss Control & Prevention Use Only

Report Received By:

Date Received: