

**New Mexico Institute of Mining & Technology**



**Accident Investigation  
& Reporting Policy**

**BASIS:** OSHA - 29 CFR 1904. OSHA requires all employer's to maintain a written program. Accident investigation is primarily a fact-finding procedure; the facts revealed are used to prevent recurrences of similar accidents in the future. The focus of accident investigation at this company is to prevent future accidents and injuries in order to increase the safety and health of all our employees.

**GENERAL:** New Mexico Tech will ensure that jobs having a potential for employee injury within our facility are evaluated and controlled. New Mexico Tech shall make available to employees, the required types of protectors, engineering controls and procedures suitable for the work to be performed. No unprotected person shall knowingly be subjected to a hazardous work or environmental condition.

### Contents of the Accident Investigation Program

1. General Requirements.
2. Accident Investigation.
3. Administrative Controls.
4. Medical Management.
5. Accident Trend Analysis.
6. Training and Education.

1. General Requirements. Accident investigation team composition. The accident investigation team will be composed of one member of the safety team and the supervisor of the injured employee:

#### Accident Investigation Team

<u>Member</u>	<u>Phone #:</u>
Mark Waggoner, Safety Director, Facilities Management	Ext. 5401
Dennis Hunter, Assistant Safety Director, EMRTC	Ext. 5312
Curtis Verploegh, Hazardous Waste/Safety Officer; R&D	Ext. 5842
Kathleen Morin, Safety Specialist, Facilities Management	Ext. 6659

2. Accident Investigation. Accident investigation is primarily a fact-finding procedure; the facts revealed are used to prevent recurrences of similar accidents. The focus of accident investigation will be to prevent future accidents and injuries to increase the safety and health of all our employees.

#### 2.1 Immediate concerns:

- 2.1.1. Ensure any injured person receives proper care.
- 2.1.2. Ensure co-workers and personnel working with similar equipment or in similar jobs are aware of the situation. This is to ensure that procedural problems or defects in certain models of equipment do not exist.
- 2.1.3. Start the investigation promptly.

- 2.2. Accident investigation report. New Mexico Tech has developed a tailored Accident Investigation form, which can be found in the Safety Program appendix.
- 2.3. Reviewers. All accident investigation reports will be reviewed by the Safety Director and Facilities Management Associate Directors.
3. Administrative Controls. Once data has been gathered from the accident investigation report, administrative controls will be implemented where needed. This could range from use of personal protective equipment to engineering controls.
4. Medical Management. The Human Resources team will manage the medical aspect of employee injuries. The information derived from the accident investigation process will be reviewed by the Safety Director to establish potential injury trends.
5. Training and Education. The purpose of accident investigation training and education is to ensure that members of the safety committee and all managers/supervisors are sufficiently informed about the accident investigation process. All supervisors and managers will receive initial training and Annual follow up refresher training on the Accident Investigation process
6. Accident Investigation Form. The accident investigation form used by New Mexico Tech is shown below. This form is also available in Spanish and can be found in the appendix:

NOTICE OF ACCIDENT / NOTIFICACION DE ACCIDENTE

In accordance with New Mexico law, Section 52-1-29, NMSA 1978

**Conforme a la Ley de la Compensación de los Trabajadores, Sección 52-1-29, NMSA 1978**

I/yo \_\_\_\_\_ was in an on-the-job accident / me lastimé en un accidente en el trabajo

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Employee Name / Nombre del empleado: \_\_\_\_\_ Date of Accident / fecha: \_\_\_\_\_/2004

Social Security # / Número de seguro social del empleado: \_\_\_\_--\_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Time Employee Began Work: \_\_\_\_\_

Describe what happened and how it happened: ¿Qué ocurrió y dónde ocurrió?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate time of accident / aproximadamente a la hora : \_\_\_\_\_ Date reported/fecha: \_\_\_\_\_

Describe where it happened: \_\_\_\_\_

Describe what caused the accident (activities, equipment, person, conditions involved):

Lack of following safety rules: \_\_\_\_\_ Lack of training: \_\_\_\_\_

Loud/equipment noise: \_\_\_\_\_ Other: \_\_\_\_\_

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Condition of the area: Well lighted \_\_\_\_\_ Congested \_\_\_\_\_ Slippery \_\_\_\_\_

Other \_\_\_\_\_

Was employee trained? \_\_\_\_\_ Was Safety Equipment provided? \_\_\_\_\_

Was Safety Equipment used? \_\_\_\_\_ What injuries resulted: \_\_\_\_\_

Part of body affected: \_\_\_\_\_

Nature of injury (strain, sprain, contusion, laceration) \_\_\_\_\_

What medical care was provided: \_\_\_\_\_

Did injured go to the Doctor: Yes \_\_\_\_\_ NO \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Care facility: \_\_\_\_\_

Days projected by physician out of work:

Expected return to work date: \_\_\_\_\_  
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Supervisor/Employee/Witness: \_\_\_\_\_

Supervisor/Employee/Witness Statement:

\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Associate Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signed / Firma: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_

Analysis and Prevention – what action will be taken to prevent recurrence: \_\_\_\_\_

\_\_\_\_\_

**Employer/Employee: Each keep one copy / Empleador/empleado: Retenar una copia.**

**For more information, call the Worker’s Compensation Administration. Ask for an ombudsman.**

**Para más información, póngase en contacto con el Programa de Asesores**

**Ombudsman Program en la Administración de la Compensación de los Trabajadores**

**Albuquerque: 841-6000 (1-800-255-7965) Farmington 599-9746 (1-800-568-7310)**

**Las Vegas: 454-9251 (1-800-281-7889) Lovington: 396-3437 (1-880-934-2450)**

**Las Cruces: 524-6246 (1-800-870-6826)**

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*Pull After 30 Days – Put this date on the front page in the box at the top, left of the page for reminder.*

Presented to Mark Waggoner Date: \_\_\_\_\_

Did the preventative actions become implemented? Yes \_\_\_\_\_ No \_\_\_\_\_

What has been done to prevent recurrence:

\_\_\_\_\_  
\_\_\_\_\_

Probable Recurrence Rate High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_