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

   Member                                Phone #:
   Mark Waggoner, Safety Director, Facilities Management        Ext. 5401
   Dennis Hunter, Assistant Safety Director, EMRTC            Ext. 5312
   Curtis Verplowegh, 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

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

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: ____________________________________________

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: ____________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
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)

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 ___________