Immediately after an accident, have you:

- Provided emergency medical assistance to anyone who is injured or ill and/or offered the employee your agency’s panel of physicians?
- Taken the necessary emergency action to prevent further injury or property damage?
- Secured the scene to preserve evidence for study?
- Taken photos, secured video footage and/or taken measurements, if needed?
- Interviewed witnesses to determine what happened?
- Interviewed others with relevant information?
- Determined the cause(s) of the accident?
- Made recommendations and action plan?
- Considered post-accident drug testing?
- Communicated with the doctor’s office and your employee to let them know about your modified duty policy?
- Filed other required reports? (Workers’ Comp, vehicle, property, OSHA)
Does your record include the following?

- **Name of the injured employee(s)?**
- **Nature and extent of injury/illness?**
- **Description of the Accident?**
- **Witnesses and their activities at the time?**
- **Others with relevant knowledge?**
- **Employees Normally assigned to the task?**
- **Description of events preceding the accident?**
- **Task/Activity Engaged in at the time of the accident?**
- **Employees Normally assigned to the task?**
- **Lenfth of Employment and assignment to current job?**
- **Equipment/Materials Involved in the accident?**
- **Physical surroundings of the accident?**
- **Unsafe acts that could have led to the Accident?**
- **Description and dates of similar or related accidents?**
- **Additional Recommendations?**
- **Cause(s) of accident?**
- **Actions taken to prevent similar accidents?**
- **Relevant training received by employee and training dates?**
- **Reasons of accident?**
- **Actions taken to prevent similar accidents?**
### Slip/Trip/Fall

Any witness names and contact information – written statements are helpful.

Video or rapid eye footage

Provide internal Accident Investigation Report and/or Safety Officer Report.

If property is leased, provide lease agreement.

Photographs:

- [ ] Landscape view of accident location
- [ ] Close-up view of accident location with a ruler showing any differences in surface levels
- [ ] Name of photographer
- [ ] Date of photo

If contractor work caused/contributed to accident—provide contract & Certificate of Liability insurance.

Answers to the following questions will be needed:

- [ ] Did accident occur on agency owned property?
- [ ] Does agency maintain the property?
- [ ] Weather conditions
- [ ] Lighting conditions
- [ ] Are there any hazards?

Has or will the employee seek medical attention? If yes, provide physician contact information.

### Motor Vehicle Accidents

Photos of the accident scene and vehicle damage

State Vehicle Crash Report

Virginia State Police Crash Report

Any other applicable jurisdictional police report

Names and contact information for any witnesses—written statements are helpful.

Exchange of information provided to involved parties at accident scene.

Answers to the following:

- [ ] Driving state vehicle?
- [ ] Purpose of travel?
- [ ] Any deviations from expected route?
- [ ] Apparent cause of accident?
- [ ] Any signs of impairment?
- [ ] Any citation given to involved parties?

Has or will the employee seek medical attention? If yes, provide physician contact information.

### Machinery/Equipment/Products

Have you taken & saved photos of the scene?

Have you saved video or rapid eye footage?

Witness statements

Safety Officer and/or Internal Investigation Report

Drug Screen Results

Training materials/Experience Working on Equipment

Was there defective equipment involved?

Does agency still have the failed/defective equipment/product/machinery secured & in possession?

Was the equipment/product/machinery altered from its original state?

Was there a hazard/defect or was accident the result of improper operation?

Make, model, and serial number

Last inspection/service date of machine/equipment/product

Safety Rules

- [ ] Violation?
- [ ] How are they enforced?
- [ ] Last operated/used?
- [ ] How often used?

Has or will the employee seek medical attention? If yes, provide physician contact information.
<table>
<thead>
<tr>
<th><strong>Chemical Exposure</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supply safety data sheets</td>
<td></td>
</tr>
<tr>
<td>Provide any air quality reports done at any time of the area in question</td>
<td></td>
</tr>
<tr>
<td>Other employees impacted by exposure?</td>
<td></td>
</tr>
<tr>
<td>Who was using the chemical(s)?</td>
<td></td>
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<tr>
<td>How often is chemical used by employee and/or agency?</td>
<td></td>
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<tr>
<td>Was there any altering or mixing of chemicals?</td>
<td></td>
</tr>
<tr>
<td>Measures taken to contain exposure</td>
<td></td>
</tr>
<tr>
<td>Has or will the employee seek medical attention? If yes, provide physician contact information</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Attacks/Assaults</strong></th>
<th></th>
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<tbody>
<tr>
<td>Identifying information of subject/suspect</td>
<td></td>
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<tr>
<td>Was the assault personal in nature or related to employment?</td>
<td></td>
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<tr>
<td>Were criminal charges filed?</td>
<td></td>
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<tr>
<td>Name and contact information for witnesses—written statements are helpful</td>
<td></td>
</tr>
<tr>
<td>Video or rapid eye footage</td>
<td></td>
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<tr>
<td>Internal investigation report</td>
<td></td>
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<tr>
<td>Has or will the employee seek medical attention? If yes, provide physician contact information</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mold Exposure</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Provide any relevant information (e-mails, reports, etc.) from maintenance staff</td>
<td></td>
</tr>
<tr>
<td>Provide any air quality test results, done at any time, of the impacted area</td>
<td></td>
</tr>
<tr>
<td>Provide documentation of any inspections</td>
<td></td>
</tr>
<tr>
<td>Prove statement as to whether there are records of previous complaints  [ ] if yes, document actions taken</td>
<td></td>
</tr>
<tr>
<td>Measures taken to control exposure</td>
<td></td>
</tr>
<tr>
<td>Has or will the employee seek medical attention? If yes, provide physician contact information</td>
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</tbody>
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