

**Michigan Municipal Workers' Compensation Fund
Safety and Health Resource Manual**

Accident Cause Analysis Worksheet

INSURED _____ LOCATION _____

ACCIDENT ANALYSIS PERIOD: FROM _____ TO _____

ACCIDENT CAUSES

UNSAFE ACTS	NO.	*% OF TOTAL	UNSAFE CONDITIONS	NO.	*% OF TOTAL
IMPROPER HANDLING OF MATERIALS			SLIPPERY FLOORS/STAIRS/AREAS		
IMPROPER LIFTING			DEFECTIVE FLOORS/STAIRS/AREAS		
IMPROPER USE OF TOOLS OR EQUIPMENT			INADEQUATE GUARDING		
INATTENTION			IMPROPERLY STORED MATERIALS		
TAKING AN UNSAFE POSITION			ROUGH OR UNEVEN SURFACES		
FAILURE TO WEAR PROTECTIVE EQUIPMENT			POOR HOUSEKEEPING		
CLEANING OILING, ADJ., ETC. MOVING MACHINERY			WINDBLOWN OR FLOATATION DUST		
OTHER:			DEFECTIVE TOOLS OR EQUIPMENT		
			UNSAFE DESIGN OR ARRANGEMENT		
			OTHER:		
TOTALS			TOTALS		

*TOTAL NUMBER OF CAUSES-UNSAFE ACTS & UNSAFE CONDITIONS

INJURY SUMMARY

INJURY	NUMBER	PART OF BODY INJURED	NUMBER
BRUISES		EYES	
CUTS & PUNCTURES		HEAD	
STRAINS		TRUNK	
EYE INJURIES		ARMS	
FRACTURES		HANDS	
DISMEMBERMENTS		FINGER	
DERMATITIS		LEGS	
BURNS		FEET	
SLIVERS		TOES	
MULTIPLE		OTHER:	
FATALITIES			
OTHER:			

MONTH	NO. RECORDABLE INJURIES/ILLNESS		LOST WORKDAYS		HRS. WORKED BY ALL EMPLOYEES		INCIDENCE RATE RECORDABLE		INCIDENCE RATE LOST WORKDAYS	
	Per Month	Cum.	Per Month	Cum.	Per Month	Cum.	Monthly	Cum.	Monthly	Cum.
TOTALS										