



**UNIVERSITY OF WEST FLORIDA**  
**Facilities Management**

**Pensacola, FL 32514-5750**  
**Effective April 27, 2005, Revised August 25, 2020**  
**Reviewed: July 1, 2024**

**STANDARD OPERATING PROCEDURE # FAC 1.008**


**Subject: Facilities Management Accident Investigation Process**

**Purpose:** To investigate accidents to determine most probable cause and determine corrective action to be taken.

**Procedure:** The attached form of this procedure must be filled out within 24 hours of any accident. It should be submitted to the Associate Vice President of Facilities. (It will be discussed at the next staff meeting to share with the rest of the organization any corrective actions required.) If an injured employee is not available for their input, the form will be completed as best as possible and turned in. An addendum will be submitted as soon as the interview is possible.

**Developed by: Facilities Management**

**Approved by:**

DocuSigned by:  
  
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Christopher Martin  
Assistant Vice President, Facilities Management



FACILITIES ACCIDENT INVESTIGATION FORM

Name of Injured	
Date of Injury	
Time of Injury	
Description of Injury	
Employee's description of accident	
What Supervisor thinks is the root cause of the accident	
Corrective action required	
Additional Information	
Supervisor Signature	
Date	