

ACCIDENT COST ANALYSIS FORM

Employee name:

Date:_____ Injury:_____

Costs

Costs		
Category	Туре	Cost (\$)
Medical		\$
Insurance		\$
Building Damage		\$
Tool & Equipment		\$
Damage Product & material		
Damage (if applicable) Production		\$
Delays (from operational costs)		\$
Legal expenses (include advice)		\$
Emergency		
Supplies used Equipment		\$
Rentals (if applicable) Investigation Time		\$
(hourly rate of manager, employees during interviews etc)		\$
Wages paid for lost time (80% of first week off)		\$
Cost of replacement staff (temps)		\$
Overtime (of other staff)		\$
Supervisory Time (of other staff or when injured person returns to work)		\$
Clerical Time (for processing injury report)		\$
Estimated decreased output of injured worker (if on light or alternative duties)		\$
Loss of business		\$
Loss of goodwill		\$
Total		\$