

## Injury Incident Investigation Report

### To be completed by Employee and Supervisor

Employee Name <i>(First, Middle, Last)</i>		Emp I.D.#	Job Title	Work Site of Employee	Hrs per Day
Date of Accident	Location Where Injury Incident Occurred (Site Name)		Work Start Time	Time of Accident	Lost Time Beyond First Day Yes <input type="checkbox"/> No <input type="checkbox"/>
Witnesses - Yes <input type="checkbox"/> No <input type="checkbox"/> Statement(s) Attached Yes <input type="checkbox"/> No <input type="checkbox"/>		Witness Name - #1	Witness Name - #2	Secondary Job Yes <input type="checkbox"/> No <input type="checkbox"/>	

**INCIDENT TYPE** (Select the most appropriate response)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Struck Against       | <input type="checkbox"/> Fall to Different Level                       | <input type="checkbox"/> Contact Electrical Current |
| <input type="checkbox"/> Struck By            | <input type="checkbox"/> Slip or Twist (not Fall)                      | <input type="checkbox"/> Muscular Strain            |
| <input type="checkbox"/> Caught In or Between | <input type="checkbox"/> Exposure to Temp. Extreme                     | <input type="checkbox"/> Respiratory Exposure       |
| <input type="checkbox"/> Fall on Same Level   | <input type="checkbox"/> Exposure to Physical Agents (Noise/Radiation) | <input type="checkbox"/> Other: (Describe) _____    |
| <input type="checkbox"/> Skin Exposure        |  | _____   |
| <input type="checkbox"/> Eye Exposure         |  | _____   |

**INCIDENT REVIEW**

- Describe the Injury and Body Part Affected (i.e., Left or right; Upper, Lower Extremities):  
\_\_\_\_\_
- Describe How Injury Occurred and Type of Injury (i.e., burn, laceration, fracture, etc.):  
\_\_\_\_\_

**SPECIFIC CAUSE ANALYSIS:** (Use the listing below as an aid in identifying the factors that contributed to the accident.)

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Employee in a hurry (short cut) - perceived need  | <input type="checkbox"/> Inattention  |
| <input type="checkbox"/> Equipment not used, i.e., tools, ladder, material, etc.                                 | <input type="checkbox"/> Inexperience                                       |
| <input type="checkbox"/> Proper Protection Equipment not used, i.e., eye protection, gloves, safety helmet, etc. | <input type="checkbox"/> Physical overexertion                              |
| <input type="checkbox"/> Improper or unsafe tool or equipment used   | <input type="checkbox"/> Improper body position or method of doing the work |
| <input type="checkbox"/> Horseplay or practical joking   | <input type="checkbox"/> Act of fellow employee                             |
| <input type="checkbox"/> Instructions or rules disregarded   | <input type="checkbox"/> Improper clothing                                  |
| <input type="checkbox"/> Illness   | <input type="checkbox"/> Other: _____                                       |

**MITIGATING FACTORS** (Use the listing below as an aid in identifying the factors that contributed to the accident.)

(Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Insufficient instruction or job training                      | <input type="checkbox"/> Working longer hours       |
| <input type="checkbox"/> Insufficient or poor job planning                             | <input type="checkbox"/> Workload too heavy         |
| <input type="checkbox"/> Rules or instruction not followed                             | <input type="checkbox"/> Rushing to meet deadlines  |
| <input type="checkbox"/> Confusion after communication between supervisor and employee | <input type="checkbox"/> Friendly competition       |
| <input type="checkbox"/> Proper tools or safety gear not provided                      | <input type="checkbox"/> Lack of teamwork           |
| <input type="checkbox"/> Inadequate inspection of tools, equipment or job              | <input type="checkbox"/> Due to external factors    |
| <input type="checkbox"/> Tools used incorrectly or improper method of doing work       | <input type="checkbox"/> Lack of help or assistance |
| <input type="checkbox"/> Inadequate job training by supervisor                         | <input type="checkbox"/> Procedures not developed   |
| <input type="checkbox"/> Circumstances not addressed in training                       | <input type="checkbox"/> Procedures not accurate    |
|  | <input type="checkbox"/> Other: _____               |

**UNSAFE CONDITIONS** (Use the listing below as an aid in identifying the factors that contributed to the accident.

**(Check all that apply)**

**FACILITIES/EQUIPMENT**

- Faulty equipment
- Equipment failure
- Defective material
- Poor design
- Corrosion/Wear
- Ergonomic factors
- Facility layout
- New equipment
- Unguarded equipment

**OTHER FACTORS**

- Weather/temperature
- Improper storage or stacking
- Poor Housekeeping
- Personal protective equipment
- Known Hazard but not documented or locked
- Documented Hazard but not repaired
- Unsafe Conditions caused by others
- Conditions changed without proper communication
- Other: \_\_\_\_\_

- Poor Lighting or Visibility
- High Noise Level
- Slippery Floors or surfaces
- Radiation
- Poor Ventilation
- Physical overexertion
- Exposure to chemical(s)
- Change in procedures or materials

**ROOT CAUSE OF INJURY OR INCIDENT – PROVIDE DETAILED INFORMATION FOR FOLLOWING:**

1. What was the unsafe condition (if any)?

\_\_\_\_\_

\_\_\_\_\_

2. Why did it exist?

\_\_\_\_\_

\_\_\_\_\_

3. Was a District Safety Policy/rule overlooked/ignored or unknown at the time of the incident (please describe in detail)?

\_\_\_\_\_

\_\_\_\_\_

4. What was the unsafe act?

\_\_\_\_\_

\_\_\_\_\_

5. Why was the unsafe act performed?

\_\_\_\_\_

\_\_\_\_\_

**CORRECTIVE ACTION – PROVIDE DETAILED INFORMATION FOR FOLLOWING:**

1. Explain how to eliminate the hazard.

\_\_\_\_\_

\_\_\_\_\_

2. What type of training is needed?

\_\_\_\_\_

\_\_\_\_\_

3. To prevent a reoccurrence, what preventive measures have been taken?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Completing this Report

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

