

# INCIDENT INVESTIGATION REPORT

Case Number:

|   |   |   |  |                             |  |
|---|---|---|--|-----------------------------|--|
| <b>Company:</b>   | <b>Address:</b>   |   |  |                             |  |
| <b>Department:</b>  | <b>Location (if different from mailing address):</b>  |   |  |                             |  |
| <b>1. Name of injured:</b>  | <b>2. Social Security Number:</b>   | <b>3. Sex:</b><br><br><input type="checkbox"/> M <input type="checkbox"/> F | <b>4. Age:</b>   | <b>5. Date of incident:</b> |  |
| <b>6. Home Address:</b>   | <b>7. Employee's usual occupation:</b>  |   |  |                             |  |
|   | <b>8. Occupation at time of incident:</b>   |   |  |                             |  |
| <b>9. Employment category:</b><br><br><input type="checkbox"/> Regular, full-time <input type="checkbox"/> Regular, part-time<br><br><input type="checkbox"/> Non-employee <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal | <b>10. Length of employment:</b><br><br><input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mo. - 5 yrs.<br><br><input type="checkbox"/> 1-5 months <input type="checkbox"/> Over 5 yrs.  |   | <b>11. Time in occupation at time of incident:</b><br><br><input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mo. - 5 yrs.<br><br><input type="checkbox"/> 1-5 months <input type="checkbox"/> Over 5 yrs.   |                             |  |
| <b>12. Nature of injury and part of body:</b>   | <b>13. Case numbers/names of others injured in same incident:</b>   |   |  |                             |  |
|   |   |   |  |                             |  |
| <b>14. Name and address of physician:</b>   |   |   |  |                             |  |
|   |   |   |  |                             |  |
| <b>15. Name and address of hospital:</b>  | <b>16. Time of injury:</b><br>A. _____ a.m. / p.m.<br>B. Time within shift:<br>C. Type of shift:  |   | <b>17. Severity of injury:</b><br><br><input type="checkbox"/> Fatality<br><input type="checkbox"/> Lost workdays -days away from work<br><input type="checkbox"/> Lost workdays -days of restricted activity<br><input type="checkbox"/> Medical treatment needed<br><br><input type="checkbox"/> First aid needed<br><input type="checkbox"/> Other, specify _____ |                             |  |
| <b>18. Specific location of incident:</b>   |   |   |  |                             |  |
| <b>19. On employer's premises?</b><br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No   | <b>20. Phase of employee's workday at time of injury:</b><br><br><input type="checkbox"/> During rest period <input type="checkbox"/> Entering or leaving facility<br><input type="checkbox"/> During meal period <input type="checkbox"/> Performing work duties<br><input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____ |   |  |                             |  |

**21. Describe how incident occurred:**

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**22. Incident sequence:** Describe, in reverse order of occurrence, events preceding the injury and incident. Starting with the injury and moving backward in time, reconstruct the sequence of events that led to the injury.

|                                 |  |
|---------------------------------|--|
| A. Injury event:                |  |
| B. Incident event:              |  |
| C. Preceding event #1:          |  |
| D. Preceding event #2, #3, etc. |  |
|                                 |  |
|                                 |  |
|                                 |  |

|   |   |
|---|---|
| <b>23. Task and activity at time of incident:</b><br>General type of task:<br>Specific activity:<br>Employee was working:<br><input type="checkbox"/> Alone <input type="checkbox"/> With crew or fellow worker <input type="checkbox"/> Other, specify | <b>24. Posture of employee:</b>   |
|   | <b>25. Supervision at time of incident:</b><br><input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised<br><input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible |

**26. Causal Factors** (Events and conditions that contributed to the incident. Include actions identified using the *Guide for Identifying Causal Factors and Corrective Actions.*):

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**27. Corrective actions** (Those that have been or will be taken to prevent recurrence. Include actions identified using the *Guide for Identifying Causal Factors and Corrective Actions.*):

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|--------------|-----------|-------|
| Prepared by: | Approved: |       |
| Title:       | Title:    | Date: |
| Department:  | Approved: | Date: |
| Date:        | Title:    |       |