



INCIDENT INVESTIGATION FORM

EMPLOYEE INFORMATION

Last Name:	First Name:	Middle Name:
Department/Division:		
Job Title:		

HUMAN RESOURCES ONLY

Address:			
City:		State:	Zip:
SSN:	Phone:	Age:	Sex:
DOB:	Hire Date:	Marital Status:	Dependents:

INCIDENT DESCRIPTION

Date of Incident:	Time of Incident: AM / PM	Date Reported:	Time Reported: AM / PM
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When Did Incident Occur: Within 1st Hour of Work Between 2nd and 8th Hour After 8th Hour of Work

Length of Time on Job: In Training Less Than 1 Year More Than 1 Year

Explain what occurred including all events that led up to and occurred during the event. Include exact location, machine numbers, etc.

Were there any witnesses? YES NO If yes, who?

Was a 3rd party (i.e. subcontractor) directly or indirectly involved? YES NO

Was safety equipment bypassed, not used or improperly used? YES NO

Was medical attention offered? YES NO If yes, check all that apply:

1st Aid On Site Occupational Health Clinic/Name: Hospital Emergency Room/Name:

Employee does not wish to receive outside medical treatment at this time. Other:



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INCIDENT TYPE

- Strain While Lifting or Moving Object
 Fall, Same Level
 Slip or Trip (no fall)
 Struck Against Object
 Struck by Object
 Caught In, Under or Between
 Overexertion/Strain
 Motor Vehicle
 Forklift or Pallet Jack
 Other (explain) _____

BODY PART(S) AFFECTED (circle left or right where applicable)

- Head Neck Hip (Lt./Rt.) Wrist (Lt./Rt.) Shin/Calf (Lt./Rt.)
 Face Trunk/Torso Shoulder (Lt./Rt.) Hand (Lt./Rt.) Ankle (Lt./Rt.)
 Lip/Mouth Abdomen Upper Arm (Lt./Rt.) Finger (Lt./Rt.) Foot (Lt./Rt.)
 Eye (Lt./Rt.) Upper Back Elbow (Lt./Rt.) Thigh (Lt./Rt.) Toe (Lt./Rt.)
 Ear (Lt./Rt.) Lower Back Forearm (Lt./Rt.) Knee (Lt./Rt.) Respiratory
 Other (explain) _____

NATURE OF INJURY/ILLNESS

- Sprain/Strain Fracture/Dislocate/Crush Foreign Object Concussion
 Repetitive Trauma (CTDs) Skin Irritation/Dermatitis Heat Stress Chemical Exposure
 Cut/Scrape/Puncture Burn-Thermal/Electrical Hernia/Rupture Amputation
 Bruise/Contusion Burn-Chemical Other (explain) _____

BASIC CAUSE(S) (check all that apply)

- Unsafe Method Used Housekeeping/Clutter Procedure Not Followed Properly
 Spills/Leaks Using Improper Tool Lack of Protective Equipment
 Shortcuts/Save Time Unguarded/Faulty Equipment Other (explain) _____

ROOT CAUSE(S) (check all that apply)

- Lack of Procedure Lack of Enforcement/Motivation Inadequate Inspection/Maintenance
 Inadequate Procedure Lack of Knowledge/Training Other (explain) _____

CORRECTIVE ACTION

Action Needed	Person(s) Responsible	Expected Completion Date

REQUIRED SIGNATURES

Employee Signature: _____	Date: _____
Supervisor Signature: _____	Date: _____

Please return this form to the Human Resources Administrator within 72 hours of the incident.