Accident and Injury Investigation Report

**** MUST BE TURNED INTO HUMAN RESOURCES WITHIN 24 HOURS OF INCIDENT****

Injured Employee's/Student's Name:_____ Date of Injury:_____

Home Address:_____City_____State_____Zip_____

Phone Number:_____Sex:___Birthday:_____SS#:_____

EMPLOYEE SECTION (ONLY)

Department/Division:_____ Location:_____

(Employee) Employment Status: ___Full Time ___Part Time ___Seasonal ___Temporary

Regular assigned position:_____ Length of time in this position:_____

Was employee performing regular job duty? _____ If not, explain:

_____

_____

Was employee working overtime? _____ If yes, explain:

_____

_____

Has the employee ever had problems with the injured area? _____ If yes, explain:

_____

_____

Has this employee received training in the prevention of this type of injury?____Date:_____

Employee's Supervisor at time of injury:_____

Complete for Employee / Student

Location of accident:_____

Time of Day:_____Day of Week:_____

Body part injured:_____Type of injury:_____

Severity of injury: __First Aid __Dr. Visit __ Emergency Care __ Restricted Duty ___ Lost Time

Describe in detail what happened:

_____

_____

WITNESSES: (attach written statements).

Name:_____Telephone:_____

Name:_____Telephone:_____

Causes of Accident/ Injury: **Mark all that apply (D=Direct Cause, C=Contributing Factor)**		
Environmental:	**Work Conditions:**	**Personal Factors:**
___Weather conditions	___Poor housekeeping/ clutter	___Unsafe act
___Heat	___Defective equipment/ tools	___Lack of knowledge/skill
___Cold	___Inadequate work space	___Improper motivation
___Noise	___Uneven/wet walking surface	___Inadequate planning
___Smoke/fumes	___Inadequate prot. equipment	___Fatigue/stress
___Dust	___Inadequate lighting	___Deviation from procedure
___Third Party	___Inadequate ventilation	___Violation of safety rule
___Other:	___Other:	___Other:
Job Factors:	**Management Issues:**	**Other Factors:**
___Inadequate design	___Insufficient training	
___Inadequate equip./tools	___Inadequate planning	
___Inadequate procedures	___Lack of program support	
___Inadequate maintenance	___Lack of enforcement	

CORRECTIVE ACTION PLAN (include immediate, short term and long term plan):

Immediate Action :_____

Assigned To:_____

Date Completed:_____

Short Term Plan :_____

Assigned To:_____

Date Completed:_____

Long Term Plan :_____

Assigned To:_____

Date Completed:_____

ADDITIONAL INFORMATION:

Investigation completed by:_____Date:_____

Reviewed by:_____Date:_____