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| email sig   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **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 DETAILS**  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 if availale).  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:\_\_\_\_\_\_\_\_\_  **HR Use Only:**  Date of Injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and time injury reported to HR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  HR Rep that received claim:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and time injury report to ENCOVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |