

INCIDENT/ACCIDENT INVESTIGATION

Date of Report: _____ Date of Accident: _____ Time of Accident: _____ AM/PM

Employee _____ Social Security Number (last 4) _____

Job Title _____ Length of Employment _____

Employee's Supervisor _____ Title _____

Witnesses:

(NAME)

(TITLE)

_____	_____
_____	_____
_____	_____

Where did the accident happen?

What happened? Include details related to the injured person's condition prior to the accident, any tools and equipment, environment, etc.

(Attach a copy of all incident reports and a summary of each interview of this report)

Did the injured employee fill out an incident report in his/her own words? Y [] N []

Was the injured employee interviewed? Y [] N []

Did the injured employee's supervisor fill out an incident report in his/her own words? Y [] N []

Was injured employee's supervisor interviewed? Y [] N []

Did witnesses fill out incident reports in their own words? Y [] N []

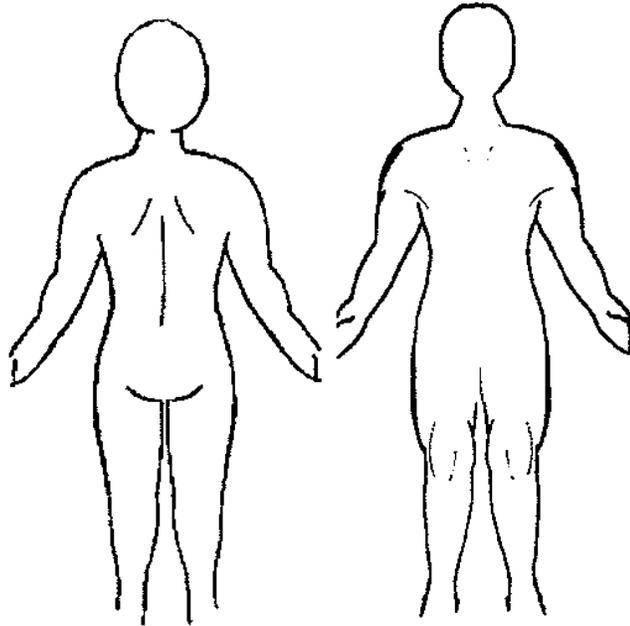
Were witnesses interviewed? Y [] N []

Did the accident involve a vehicle off the facility? Y [] N []

If yes, were the police called? Y [] N [] (If yes, attach a copy of the police report)

Describe Injury:

Identify area of injury on anatomical chart:



Did the injured employee receive outside medical treatment? Y N

If yes, where? _____

Did the injured receive first aid by facility or medical staff? Y N

Name of attending physician: _____

Was treatment immediate or later? _____

If later, describe what happened to seek medical attention: _____

Type of Treatment: _____

Will this accident result in time off the job? Y N If yes, provide the anticipated time off as soon as possible.

Was the injured employee performing his/her regular duties? Y N If no, explain: _____

If performing another job, was the injured employee properly trained in the responsibilities and safety requirements of new duty? Y [] N []

Were photographs taken of the accident site, any relative equipment involved, and the employee's injury? Y [] N [] **(Attach copies of photos to this report)**

Was this accident preventable? Y [] N []

Why?

What actions have been taken as a result of this accident?

Any additional remarks:

Accident Investigation Completed By: _____ Date: _____

Original: Personnel Officer
cc: Division Head
Facility/District/Unit Head
Agency's Workers' Compensation Claims Administrator
Safety Administration
Responsible Safety Officer/Designee