



<b>Injury - Incident Investigation Report</b> For completion by Supervisor and/or Safety Committee			_____ College		
<b>Incident Information</b>			<b>Relationship to the College</b> Mark all that apply <input checked="" type="checkbox"/>		
Date	Time		<input type="checkbox"/> Employee <input type="checkbox"/> Faculty <input type="checkbox"/> Administrator <input type="checkbox"/> Other	<input type="checkbox"/> Student Worker	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Location					
Employee Date of Hire		Start of Shift			
Department		Supervisor			
<b>Injury / Treatment Review</b>					
Injury Sustained	<input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Related	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Injury Cleared	<input type="checkbox"/> Yes <input type="checkbox"/> No
Returned to Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Date of Return		Restricted Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes / Comments					
<b>Incident Information Review</b>					
Subject Interviewed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date	Incident Information Corroborated	
Department Head Contacted		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date	Recommendations Made	
Supervisor Interviewed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date	Incident Investigation Closed	
Witness(s) Interviewed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Date	Supplemental Invest. Suggested	
Notes / Comments					
<b>Training &amp; Safety Review</b>			Standard Operating Procedures – SOP's    Personal Protective Equipment – PPE		
SOP's for Activity In-place		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	SOP's known to Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No	SOP's Followed
Special Training Needed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Training Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Received
Safety Equipment In-place		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Safety Equipment Used	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Equipment Disabled
PPE for Activity Needed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	PPE Available	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPE Used
Notes / Comments – <u>those areas within this section that were checked NO, please explain:</u>					
<b>Incident Location / Equipment Condition Review</b>					
Appropriate Work Area		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Safe Work Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe Working Conditions
Appropriate Equipment		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Equipment in Good Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment used as Intended
Notes / Comments – <u>those areas within this section that were checked NO, please explain:</u>					
<b>Activity / Experience Review</b>					
Activity within Assigned Duties		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Activity within Training / Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Yrs. of Service
Activity Assigned by Supervisor		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Activity Assigned by:		Yrs. Experience
Notes / Comments – <u>those areas within this section that were checked NO, please explain:</u>					
<b>Investigator's Comments</b>					
<b>Incident Analysis – Causal Factors</b>					
Causal Actions that attributed to the incident:			Causal Conditions that attributed to the incident:		

<b>Recommended Corrective Action(s) Required:</b>	<b>Person Assigned/Responsible:</b>	<b>Target Date for Completion:</b>
<b>Corrective Action(s) Taken:</b>	<b>Date Implemented</b>	<b>Date Reviewed</b>
<b>Additional Notes:</b>		
<b>Department Head and/or Safety Committee</b>		<b>Date Filed</b>