



## Injury and Incident Investigation Report

This report is to be completed by the supervisor with the assistance of the affected employee. **Answer All Questions**

Employee Name	Date of Accident
Department	Work Phone #
Nature of Injury/Exposure	
Description of Event: What was employee doing just before and at the time of the incident? What happened or what work conditions contributed (e.g. repetitive motion during pipetting in laboratory)?	

**Factors that contributed to incident/injury – Check all that apply.**

**Hazard**

- ☐ Not recognized/identified
- ☐ Identified but not addressed
- ☐ Inadequate repair

**Work Procedures**

- ☐ None developed
- ☐ Not followed
- ☐ Partially followed
- ☐ Not understood
- ☐ Not appropriate
- ☐ Not communicated
- ☐ Other \_\_\_\_\_

**Training & Certification**

- ☐ Insufficient training
- ☐ Circumstances not covered
- ☐ Ineffective training
- ☐ Worker not authorized
- ☐ Outdated Training

**Communication**

- ☐ Breakdown in verbal communication
- ☐ Breakdown in written communication
- ☐ Confusion after communication
- ☐ Other \_\_\_\_\_

**Other**

- ☐ Weather/temperature
- ☐ Extended work hours
- ☐ Worker fatigue
- ☐ Physical overexertion
- ☐ Work in elevated area
- ☐ Chemical Use
- ☐ Biological agent
- ☐ Radiation
- ☐ Electricity
- ☐ Mechanical
- ☐ Animals

**Facilities/Equipment**

- ☐ Personal protective equipment (See below)
- ☐ Faulty equipment
- ☐ Poor/inadequate maintenance
- ☐ Inappropriate use
- ☐ Missing guards
- ☐ Obsolete/antiquated equipment
- ☐ Inadequate design
- ☐ Ergonomic factors
- ☐ Equipment failure
- ☐ Trip hazard
- ☐ Slip hazard
- ☐ Struck by
- ☐ Other \_\_\_\_\_

**PPE Requirements**

	Req.	Used	Type
Eye	<input type="checkbox"/>	<input type="checkbox"/>	_____
Face	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin/Glove	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Prevention** – Describe all corrective actions taken to prevent recurrence (e.g. initiated work order for sidewalk repair, retrained workers on use of eye protection, installed ergonomic keyboard/mouse tray).

Action: \_\_\_\_\_

Person responsible: \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

Action: \_\_\_\_\_

Person responsible: \_\_\_\_\_ Expected Completion Date \_\_\_\_\_

**Supervisor** Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

**Employee** Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Signature (if available) \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

**Dept. Chair/Director** Name \_\_\_\_\_ Signature \_\_\_\_\_