

INCIDENT INVESTIGATION FORM

Employer: _____

Employee: _____

Date of Injury: _____

Time of Injury: _____

Days of Injury: ☐ Monday ☐ Tuesday ☐ Wednesday
☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Last Day Worked: _____

Next Scheduled Day Off: _____

Date of Report: _____

Gender: ☐ Male ☐ Female

DWC1 provided: ☐ Yes ☐ No

Date Provided: _____

Date of Hire: _____

Status: ☐ Regular Full-Time

☐ Part-Time

☐ Seasonal

PART OF THE BODY INJURED/AFFECTED – PLEASE CHECK ALL THAT APPLY:

☐ Scalp
☐ Right Eye
☐ Right Ear
☐ Mouth
☐ Neck

☐ Brain
☐ Left Eye
☐ Skull
☐ Nose
☐ Left Ear
☐ Teeth

RIGHT

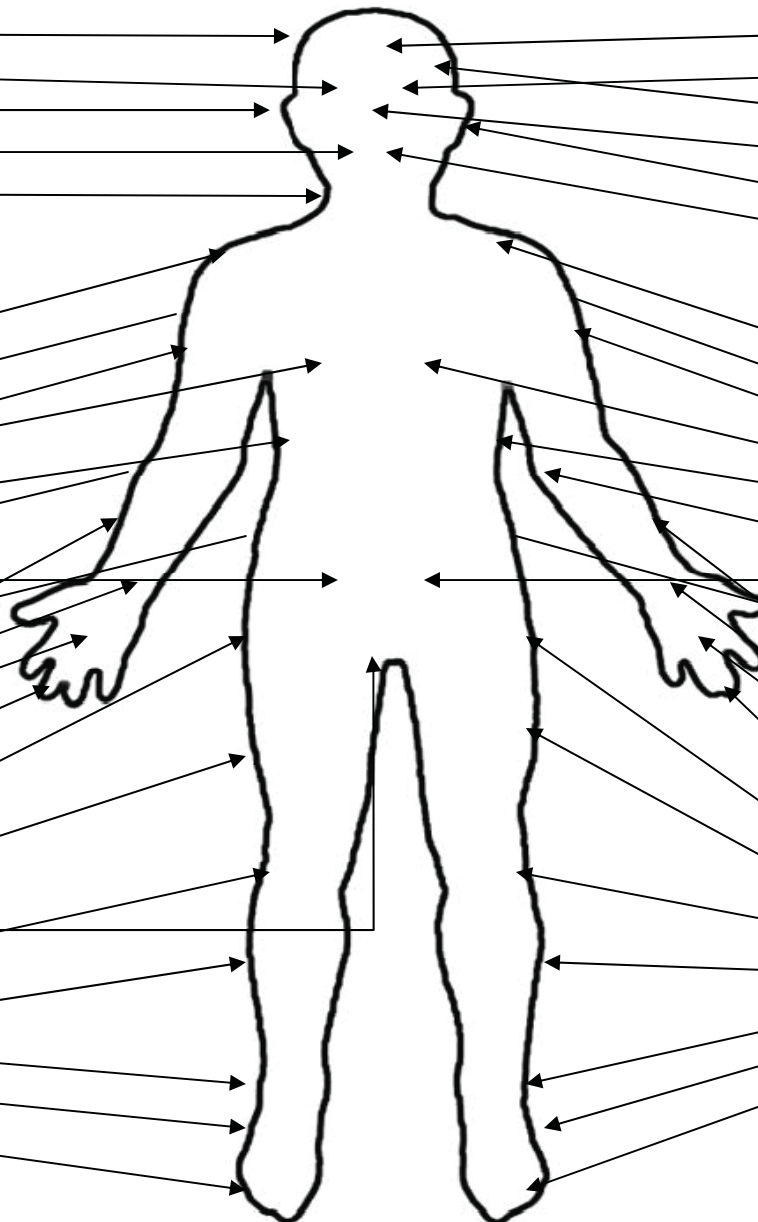
☐ Shoulder
☐ Upper Back
☐ Upper Arm
☐ Chest
☐ Side/Ribs
☐ Elbow
☐ Abdomen
☐ Lower Back
☐ Forearm
☐ Wrist
☐ Hand
☐ Fingers

LEFT

☐ Shoulder
☐ Upper Back
☐ Upper Arm
☐ Chest
☐ Side/Ribs
☐ Elbow
☐ Abdomen
☐ Lower Back
☐ Forearm
☐ Wrist
☐ Hand
☐ Fingers

☐ Hip
☐ Thigh
☐ Groin
☐ Knee
☐ Lower Leg
☐ Ankle
☐ Foot
☐ Toes

☐ Hip
☐ Thigh
☐ Knee
☐ Lower Leg
☐ Ankle
☐ Foot
☐ Toes



Other: ☐ Circulatory System ☐ Nervous System ☐ Respiratory System ☐ Other

NATURE OF INJURY:

- ☐ ABRASION
- ☐ AMPUTATION
- ☐ BITE/STING
- ☐ BURN – CHEMICAL
- ☐ BURN – CONTACT
- ☐ BURN – ELECTRICAL
- ☐ BURN – FLAME
- ☐ BURN – FLASH
- ☐ CONTUSION
- ☐ CRUSH
- ☐ DISLOCATION
- ☐ EXCESSIVE HEAT/COLD

- ☐ FOREIGN BODY
- ☐ FRACTURE
- ☐ HEAT STRESS
- ☐ HERNIA
- ☐ INFECTION
- ☐ LACERATION
- ☐ MULTIPLE INJURY
- ☐ PAIN
- ☐ PUNCTURE
- ☐ STRAIN/SPRAIN
- ☐ OTHER: EXPLAIN

MEDICAL TREATMENT:

- ☐ SELF-TREATMENT
- ☐ 911
- ☐ URGENT CARE
- ☐ EMERGENCY ROOM

- ☐ PRE-DESIGNATED PHYSICIAN
- ☐ OCCUPATIONAL MEDICAL CLINIC
- ☐ OTHER

SAFETY RULES ESTABLISHED:

- ☐ YES
- ☐ NO
- ☐ NOT ENFORCED

WITNESSES:

- ☐ YES
- ☐ NO

NAMES (PLEASE USE WITNESS STATEMENT):**1****2****3****4****5****SUPERVISOR:****DO YOU HAVE ADDITIONAL INFORMATION ON THIS ACCIDENT?**

- ☐ YES. IF SO, PLEASE USE THE SUPERVISOR'S INVESTIGATION FORM.
- ☐ NO

PLEASE COMPLETE THE SUPERVISOR'S SAFETY REVIEW.

SUPERVISOR'S SAFETY REVIEW

JOB TASK – CHECK CATEGORY AND	UNSAFE ACT – CHECK CATEGORY AND TYPE:
☐ Ascending/Descending: ☐ Stairs ☐ Vehicle ☐ Ladder ☐ Equipment ☐ Banding: ☐ Installing ☐ Removing ☐ Clean Up – General ☐ Equipment: ☐ Adjusting ☐ Clearing ☐ Operating ☐ Repairing ☐ Other ☐ Forklift ☐ Material Handling: ☐ Pushing ☐ Pulling ☐ Lifting ☐ Powered ☐ Maintenance: ☐ Electrical ☐ Fueling ☐ Mechanical ☐ Cleaning ☐ Other ☐ Pallet Jack ☐ Truck: ☐ Loading ☐ Unloading ☐ Supervisory Task ☐ Tools ☐ Hand ☐ Powered ☐ Walking Through Area ☐ Other – Explain below:	☐ Bypassed: ☐ Guard/Barrier ☐ Safety Device ☐ Disregard: ☐ Instructions ☐ Rules ☐ Excessive Speed ☐ Failure: ☐ Lockout/Tagout ☐ Secure ☐ Warn ☐ Obtain/Assistance ☐ Use PPE ☐ Horseplay/Distracted ☐ Incorrect Method ☐ Impairment – Physical ☐ Improper: ☐ Lifting ☐ Loading ☐ Placement ☐ Inattention to Surroundings ☐ Operating: ☐ Without Authorization ☐ Equipment Unsafely ☐ Riding Hazardous Equipment ☐ Servicing Equipment in Operation ☐ Tried to: ☐ Avoid discomfort ☐ Save effort ☐ Save Time ☐ Unsafe ☐ Position ☐ Riding ☐ Using defective tools/equipment

UNSAFE CONDITIONS – Check all applicable category and type:

☐ Congestion ☐ Clothing – Hazardous ☐ Control(s) ☐ Improper ☐ Defective ☐ Missing ☐ Design limitation ☐ Environment ☐ Cold ☐ Poor Lighting ☐ Gasses/Fumes/Etc ☐ Noise ☐ Equipment: ☐ Exposed/Energized ☐ Operation ☐ Fire/Explosion/Hazard ☐ Handrails: ☐ Inadequate ☐ Missing ☐ Not Installed ☐ Housekeeping – Poor ☐ Material - Defective	☐ PPE: ☐ Inadequate ☐ Improper ☐ Sharp Object/Surface ☐ Storage – Improper/Inadequate ☐ Substance – Hazardous ☐ Surface: ☐ Slipping Hazard ☐ Tripping Hazard ☐ Tool: ☐ Defective ☐ Not Available ☐ Other ☐ Training: ☐ Inadequate ☐ Not given ☐ Unexpected motion ☐ Warning system – None/Inadequate ☐ Windborne Dust ☐ Other
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ADDITIONAL INFORMATION NOT COVERED ABOVE (EXPLAIN BELOW):

ARE THERE OTHER INDIVIDUALS NOT YET CONTACTED WHO MAY HAVE INFORMATION ABOUT THIS INCIDENT?

SIGNATURES:		DATE SIGNED
SUPERVISOR:		
EMPLOYEE:		

WITNESS STATEMENT

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WITNESS NAME

JOB TITLE/POSITION

DATE OF STATEMENT

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INJURED WORKER

DATE OF INCIDENT

TIME OF INCIDENT

Give a factual statement of your observation preceding, during and following the occurrence:

The above statement is a complete compilation of my understanding of the incident. I understand that this is a confidential statement, which i agree not to share without the expressed permission of this company or by court order.

Witness Signature	Date