

The Center for Collaborative Solutions Accident / Incident Investigation Report

It is the responsibility of Human Resources and the administrator of the injured worker's service area to conduct an investigation for any Accident / Incident. The investigation is to be expedited immediately upon report of an Accident / Incident and is to be completed as comprehensively as possible. Additional levels of investigation may be conducted at the discretion of Human Resources.

Investigator Information:

Investigation Conducted By:	Title:
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Investigation Dates:

Date Investigation Started:	Date Investigation Completed:
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Specifics of Accident / Incident Being Investigated:

Employee Last Name:	Employee First Name:
Position:	Length of employment with CCS-COG:

Work location at time of accident / incident:

Date of accident / incident:	Time of accident / incident: <input type="checkbox"/> AM <input type="checkbox"/> PM
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What job duties was the employee performing when accident / incident occurred?

What body part(s) were injured?

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Chest	<input type="checkbox"/> Face	<input type="checkbox"/> Hand	<input type="checkbox"/> Leg	<input type="checkbox"/> Ribs	<input type="checkbox"/> Toe
<input type="checkbox"/> Ankle	<input type="checkbox"/> Ear	<input type="checkbox"/> Finger	<input type="checkbox"/> Head	<input type="checkbox"/> Mouth	<input type="checkbox"/> Scalp	<input type="checkbox"/> Wrist
<input type="checkbox"/> Arm	<input type="checkbox"/> Elbow	<input type="checkbox"/> Foot	<input type="checkbox"/> Hip	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Tooth
<input type="checkbox"/> Back	<input type="checkbox"/> Eye	<input type="checkbox"/> Groin	<input type="checkbox"/> Knee	<input type="checkbox"/> Nose	<input type="checkbox"/> Thigh	<input type="checkbox"/> Other:

What was the nature of the injury?

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Bruise	<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion	<input type="checkbox"/> Cut	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Fracture
<input type="checkbox"/> Laceration	<input type="checkbox"/> Puncture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Other:			

Briefly describe what happened, including the sequence of events preceding the accident / incident:

List any unsafe conditions, acts or procedures that in any manner contributed to the accident / incident:



Witnesses:

Witness #1		
Last Name:	First Name:	Date witness interviewed:
Description of what happened, including what the employee was doing leading up to the accident / incident:		
Witness #2		
Last Name:	First Name:	Date witness interviewed:
Description of what happened, including what the employee was doing leading up to the accident / incident:		

Recommendations for Future Prevention / Corrective Actions:

Identify any corrective actions that have been taken and any recommended actions to prevent similar incidents.

Recommended action	By whom	Action by Date
1.		
2.		
3.		
4.		

By affixing my signature, I hereby certify that to the best of my knowledge, the information presented in this investigation report is complete and accurate.

 Signature of Investigator

 Date

For Office Use Only	
Date received by Human Resources:	
Additional Investigation Needed?	If yes, by Whom?