

# Injury Investigation Form

When complete, attach this form to the Incident Hazard Report

## Employee Information

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Employee's  
Schedule (Hrs)

Sun	Mon	Tue	Wed	Thus	Fri	Sat

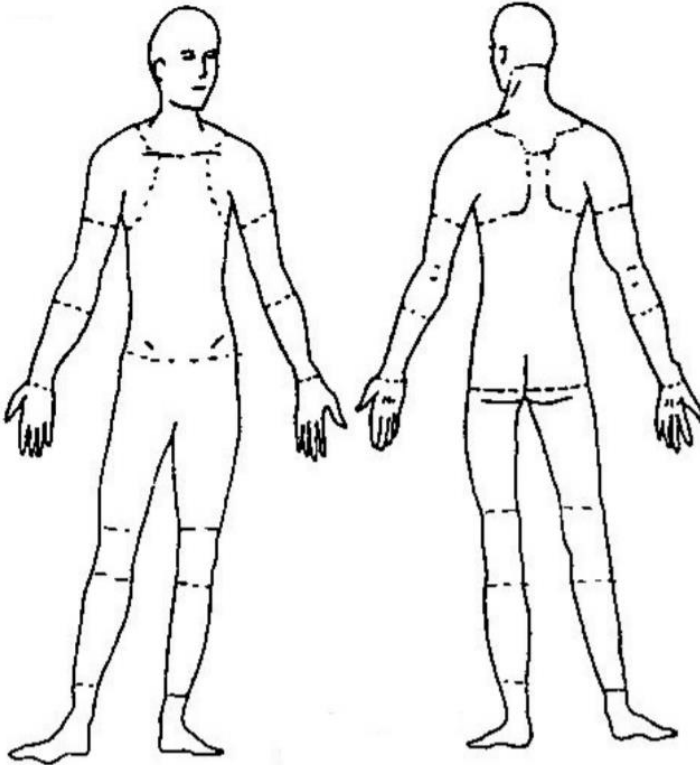
Start time: \_\_\_\_\_

Does the employee work additional jobs?     No     Yes, \_\_\_\_\_

Does the employee engage in extreme activities     No     Yes, what \_\_\_\_\_

## Injury Description

**Body Part Affected** (Shade all that apply)



**Nature of Injury**

- Abrasion/Scratch
- Allergic Reaction
- Amputation
- Animal or Insect bite
- Broken bone/Fracture
- Bruise/Contusion
- Burn (heat)
- Burn (chemical)
- Concussion (head injury)
- Crushing Injury
- Cut/Laceration
- Damage to a body system
- Dislocation
- Hernia
- Heat Related Illness
- Illness
- Foreign Body
- Psychological trauma
- Puncture
- Strain/Sprain
- Other \_\_\_\_\_

## Treatment

- Declined Medical Care
- First Aid Only
- Medical Care

**Name of Treating Dr. / Facility**

- Plumas District Hospital
- Eastern Plumas Health Care
- Seneca Health Care District

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the employee released?**     Without restrictions     With restrictions     Not released

**Root Cause Analysis** (what factors contributed in the incident?)

**Describe step by step what happend:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_ **Statement Attached**  Yes  No

**Do you believe this injury to be caused by work?**  Yes  No, If no Why? \_\_\_\_\_

**Unsafe Acts**

- Improper work technique
- Improper PPE, Not Used or Used Incorrectly
- Safety Rule Violation
- Operating Without Authorization
- Failure to Warn or Secure
- Operating at Improper Speeds
- By-Passing Safety Devices
- Guards Not Used
- Improper Loading or Placement
- Improper Lifting
- Servicing or Adjusting Machinery in Motion
- Horseplay
- Drug or Alcohol Use
- Unsafe Acts(s) of Others
- Unnecessary Haste
- Other \_\_\_\_\_

**Unsafe Conditions**

- Poor Workstation Design or Layout
- Fire or Explosion Hazard
- Congested Work Area
- Hazardous Substances
- Inadequate Ventilation
- Improper Tool or Equipment
- Insufficient Job Knowledge
- Slippery Conditions
- Poor Housekeeping
- Excessive Noise
- Inadequate Guarding of Hazards
- Defective Tools/Equipment
- Insufficient Lighting
- Inadequate Fall Protection
- Other \_\_\_\_\_

**Management System Deficiencies**

- Lack of Written Procedures or Safety Rules
- Safety Rules Not Enforced
- Hazards Not Identified
- PPE Unavailable
- Insufficient Worker Training
- Insufficient Supervisor Training
- Improper Maintenance
- Inadequate Supervision
- Insufficient Job Planning
- Inadequate Hiring Practices
- Poor Process Design
- Inadequate Workplace Inspections
- Inadequate Equipment
- Unsafe Design or Construction
- Unrealistic Scheduling
- Other \_\_\_\_\_

**Corrective Actions**

Contributing Factor (as identified above)	Proposed Corrective Action	Assigned to	By When	Date of Completion

**Investigation Completed By:** \_\_\_\_\_  
Supervisor's Name Date

**Reviewed By:** \_\_\_\_\_  
Department Head Date