

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	Thurs	Fri	Sat

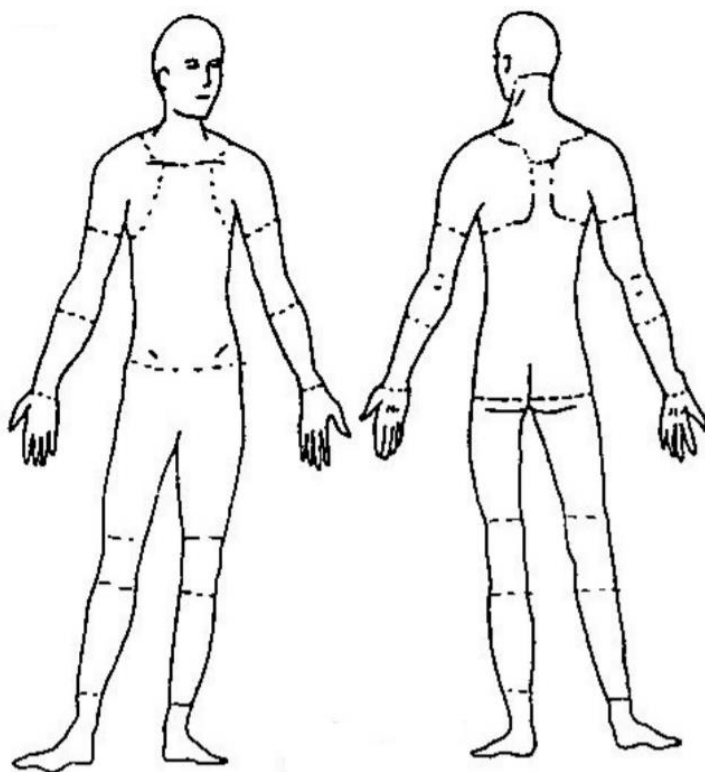
Start time: _____

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 happened: _____

Witness: _____ Contact Number: _____ Statement Attached ☐ Yes ☐ NoDo 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 DateReviewed By: _____
Department Head Date

INCIDENT/HAZARD REPORT

SECTION A

<input type="checkbox"/> Hazard	Date & Time of Incident:	Date Reported:
<input type="checkbox"/> Near Miss	Location:	Reported To:
<input type="checkbox"/> Incident (Injury/Property Damage)	Department:	Reported By:

SECTION B DESCRIPTION OF HAZARD / NEAR MISS / INCIDENT

SECTION C CAUSES

SECTION D SUGGESTED CORRECTIONS

Investigated By:	Title:	Date:
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SECTION E CORRECTIVE ACTION TAKEN

Department Safety Representative Signature Date

Department Head Signature Date

- **Address and Pictures of location (IF POSSIBLE)**
- **Description of the actual incident/hazard location in greater detail (pictures are very helpful)**

Section B: Description (Try and answer these questions before filling this out, use them to paint a better picture)

- **When did you notice a dangerous condition**(When walking down the hallway of the building and planning dept.)
- **What did you notice that could be a hazard or caused a hazard** (The last safety inspection was last year)
- **Describe the hazard, equipment, vehicle, public or county property, or tool being used in detail** (I was operating the John Deer 360 tractor with the attached New Holland flail mower, pictures attached)
- **What where you doing** (I was mowing road side weeds along I16 with other crew providing traffic control)
- **What happened** (while mowing I was radioed to stop and was informed that property damage occurred to a house I just past. A piece off the mower flew into breaking a window of a house 45' away from the roadway. pictures attached)
- **What broke** (further inspection of what broke determined be a U-bolt retainer and flail blade, pictures attached)
- **How did it break** (worn metal from years of operation allowed piece to break free from drum and become a projectile going through the window of the private property) Pictures attached
- **What was damaged or effected** (the flail mower pieces broke one large 3'x4' window, window blind and one small drywall hole in wall opposite side of room from window) Pictures or drawing attached

Section C: Causes (describe in detail)

- **What do you feel caused or created this identified hazard** (worn out parts, mowing close to structures, low to the ground mowing,
- **What caused the incident** (parts of the mower breaking free of the equipment)
- **What caused this to happen** (worn out parts, Mowing to close to the ground and private property)
- **Why did this happen** (mowing to close to structures, mower head to close to ground, no pre-project safety inspection of equipment)
- **When was the area, equipment or tool's last safety inspection** (equipment last services and inspected 6/2017)

Section D: Suggested Correction (how can this be prevented from happening again)

- **What did you do to correct or protect others from the hazard and what should be done permanently**
- **Review/implement regular preventive maintenance and safety inspections, with tracking log**
- **Implement daily pre and post-operation inspection of tools and equipment**
- **Alternative to procedure or action to perform the work (Identify ways to minimize the opportunity for this event to happen again)**
- **Review and update the COSP and or generate one to be followed (bring in co-workers for development input)**
- **Train on Code of Safe Practices (COSP) annually and document training.**

Section E: Corrective Action: What "HAS" been done to prevent this INCIDENT/HAZARD?

- **When and what has been done to correct this hazard (this could be multiple stages and dates over a period of time and will be documented)**
- **What have you done to notify, train or show other about the incident and correction**
- **When and did you train on, make an update to, or review the Code of Safe Practice (COSP)**
- **Send a picture of the correction or change**