

Instructions for Completing Accident / Incident Investigation Report of Occupational Injury or Illness

Supervisor: Prepare a copy of the Accident / Incident Investigation Report for each occupational injury or illness as soon as the required information is obtained. Complete and forward the investigation report to your Department Safety Coordinator no later than 2 working days after the accident / incident.

1. **Name of Injured Employee:** Enter the Last name, First name and Middle Initial of the injured employee.
2. **Employee ID #:** Enter the injured employee's county identification number.
3. **Date the injury or illness occurred:** Enter the month, day, and year the injury or exposure occurred.

Injury: If the injury or exposure was caused by an accident, happened as the direct result of a specific action, or began suddenly due to an event or condition, enter date (month, day, and year) the injury or exposure occurred as the "Date of Injury". If date is unknown, follow the guidance below under '**Cumulative/Ergonomic/Repetitive Motion Injury.**'

Illness: If this is an illness, enter the date the condition was diagnosed as an occupational illness by a medical professional. If this is an alleged or undiagnosed illness enter the date the employee was sent to the Occupational Medicine Provider for an evaluation.

Re-injury: If this is believed to be a re-occurrence of a previous injury which healed and resolved, clearly note this is believed to be a "re-injury" in section #4 below, and enter the date (month, day, and year) the body part was re-injured as the "Date of Injury". Do not enter the date of the original injury.

Cumulative/Ergonomic/Repetitive Motion Injury: An ergonomic, repetitive motion or cumulative trauma injury is caused by repeated actions or activities over a period of time. It is usually not possible to determine the exact date an ergonomic injury began. Therefore, the method to establish the "Date of Injury" for an ergonomic injury for reporting and record keeping purposes is to determine which of the following occurred first:

1. The date the injury was first reported, or
2. The date of diagnosis by licensed medical professional, or

3. If the employee is currently off work, the first day of lost time due to this injury.

These events could all happen on the same day, but, in most circumstances, one will occur before the other(s). Confirm which of these **occurred first**, and enter the date that event as the "Date of Injury". Please do not enter, "unknown", "continuous", "on-going", or dates from the past.

4. **How did the injury or illness occur:** Describe the sequence of events leading to the injury. Include any concurrent conditions or circumstances. Specify the item, object, person or being which directly produced the injury, illness or exposure.
5. **Initial factors:** Check all boxes which describe the injury, illness or exposure.
6. **Contributing Factors:** Check all boxes applicable to factors which contributed to the injury, illness or exposure.
7. **Corrective Actions:** Check the boxes for each action necessary to remove, mitigate, or otherwise correct the contributing factors identified above.
8. **Corrective Action Plan:** Specify the steps to be taken to correct the factors identified above. Use additional pages if needed. The steps in the plan should be SMART (Specific, Measurable, Attainable, Realistic and Timely). Include the name of the person who will be responsible for ensuring the plan is implemented, and the date when the actions will be completed.
9. **Investigation Review and Approval:** The Supervisor completing the accident/ incident investigation report will print his or her name, sign and date the form upon completion.

The form will then be routed to the department or designated Safety Coordinator for review. The Safety Coordinator will print his or her name, sign and date the form upon completion of the review.

The form will then be routed to the appropriate director or manager for review and approval. The director or manager will print his or her name, sign and date the form upon completion of the review and approval.

A "near-miss" is an incident where, if one or more factors were different, it could have resulted in an injury, a more serious injury or a fatality. Investigating "near-miss" events is vital to prevent future accidents which could cause serious injury and/or loss. If this form is used to investigate and document a "near-miss" incident, check the box provided at the bottom and follow the "near-miss" distribution and review procedure established in your department.

COUNTY OF SONOMA

Accident/Incident Investigation Report of Occupational Injury or Illness

This report must be completed by the Supervisor and sent to Department Safety Coordinator and Risk Management within **2 working days** of the incident. Follow additional Department procedures.

1. Name of injured employee (last, first)		2. Employee ID #		3. Date of Injury	
4. How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.					
5. Initial Factors					
<input type="checkbox"/> Cut/Puncture/Scrape <input type="checkbox"/> Fall – from elevation <input type="checkbox"/> Repetitive activity involved <input type="checkbox"/> Disease exposure <input type="checkbox"/> Struck by/against <input type="checkbox"/> Slip/trip/fall – same level <input type="checkbox"/> Motor vehicle operated <input type="checkbox"/> Chemical exposure <input type="checkbox"/> Caught in/under/between <input type="checkbox"/> Material handling/lifting <input type="checkbox"/> Body fluid exposure <input type="checkbox"/> Other _____					
6. CONTRIBUTING FACTORS - Identify multiple contributing factors involved in the accident or incident					
Equipment / PPE <input type="checkbox"/> Defect or malfunction <input type="checkbox"/> Improper for job <input type="checkbox"/> Improper use <input type="checkbox"/> Not readily available <input type="checkbox"/> Design/ quality contributed to hazard	Environment / Work Area <input type="checkbox"/> Inadequate layout/space <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Ergonomic hazards <input type="checkbox"/> Unauthorized entry <input type="checkbox"/> Environmental conditions	Policy / Procedure <input type="checkbox"/> None available for task <input type="checkbox"/> Does not address hazards <input type="checkbox"/> Specific responsibilities not clearly assigned <input type="checkbox"/> No method to monitor and track implementation <input type="checkbox"/> Not consistent with best practices or regulations	Implementation <input type="checkbox"/> Hazard not identified, or perceived as low risk <input type="checkbox"/> Lack of resources to implement safety policy <input type="checkbox"/> Inadequate training <input type="checkbox"/> Poor/inconsistent implementation of policy <input type="checkbox"/> Employee unaware of hazard	Individual <input type="checkbox"/> Employee fatigue <input type="checkbox"/> Not able to perform work <input type="checkbox"/> Difficult to perform task without help <input type="checkbox"/> Aware of hazard and controls but did not follow safe practice <input type="checkbox"/> Other	
7. CORRECTIVE ACTIONS - Select possible corrective actions for each contributing factor identified					
Equipment / PPE <input type="checkbox"/> Develop inspection procedure <input type="checkbox"/> Identify proper equipment (JSA) <input type="checkbox"/> Train employees on proper equipment use <input type="checkbox"/> Evaluate equipment needs and access <input type="checkbox"/> Review equipment design/quality for task	Environment <input type="checkbox"/> Redesign work area <input type="checkbox"/> Implement periodic safety inspections <input type="checkbox"/> Conduct ergonomic evaluation <input type="checkbox"/> Develop controls to prevent entry <input type="checkbox"/> Review controls for environmental conditions	Policy / Procedure <input type="checkbox"/> Develop procedure <input type="checkbox"/> Revise to control the hazards identified <input type="checkbox"/> Revise to assign responsibilities <input type="checkbox"/> Develop system to monitor implementation <input type="checkbox"/> Revise to reflect best practices/regulations	Implementation <input type="checkbox"/> Establish hazard assessment and risk prioritization system <input type="checkbox"/> Review resource allocation for safety <input type="checkbox"/> Revise training plan to ensure job-specific training for supervisors and employees <input type="checkbox"/> Establish method to monitor compliance <input type="checkbox"/> Review training delivery and effectiveness	Individual <input type="checkbox"/> Review contributing factors for fatigue <input type="checkbox"/> Review job demands / need for transitional duty <input type="checkbox"/> Assess need for job redesign/assistive devices <input type="checkbox"/> Initiate compliance procedures (Department IIPP and County Safety Management Plan) <input type="checkbox"/> Establish corrective actions appropriate for the contributing factor	
8. Corrective Action Plan					
<i>Action</i>		<i>Who</i>		<i>When</i>	
a)					
b)					
c)					
9. Investigation Review and Approval					
Supervisor name		Supervisor approval signature		Date	
Department Safety Coordinator name		Department Safety Coordinator approval signature		Date	
Director/Manager name		Director/Manager approval signature		Date	

Near Miss Investigation