

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