

## **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.