



Incident Investigation Report

Case Number _____

Company _____		Address _____		
Department _____		Location _____		
1. Name of injured _____	2. Social Security Number _____	3. Sex _____	4. Age _____	5. Date of accident ____/____/____
6. Home Address _____	7. Employee's usual occupation _____	8. Occupation at the time of the accident _____		
9. Employment category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-Employee	10. Length of employment <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> 6 mos. - 5 yrs. <input type="checkbox"/> More than 5 yrs.	11. Time in occup. at time of the accident <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 1-5 mos. <input type="checkbox"/> 6 mos. - 5 yrs. <input type="checkbox"/> More than 5 yrs.		
12. Nature of injury and part of the body _____	13. Case numbers and names of others injured in same accident _____			
14. Name and address of physician _____	16. Time of injury A. a.m. p.m. B. Time within shift _____ C. Type of shift _____	17. Severity of injury <input type="checkbox"/> Fatality <input type="checkbox"/> Lost workdays - days away from work <input type="checkbox"/> Lost workdays - days of restricted activity <input type="checkbox"/> Medical treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Other, specify _____		
15. Name and address of hospital _____ _____ _____	19. Phase of employee's workday at time of injury <input type="checkbox"/> During rest period <input type="checkbox"/> Entering or leaving plant <input type="checkbox"/> During meal period <input type="checkbox"/> Performing work duties <input type="checkbox"/> Working overtime <input type="checkbox"/> Other			
18. Specific location of incident _____ _____ On employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Describe how the incident occurred _____ _____ _____			
21. Incident sequence. Describe in reverse order the occurrence of events preceding the injury and accident. Start with the injury and moving backward in time, reconstruct the sequence of events that led to the injury. A. Injury event _____ B. Incident event _____ C. Preceding event #1 _____ D. Preceding event #2, 3, etc. _____				
22. Task and activity at time of incident General type of task _____ Specific activity _____ Employee was working: <input type="checkbox"/> Alone <input type="checkbox"/> With crew or fellow worker <input type="checkbox"/> Other (specify) _____		23. Posture of employee _____ _____		
		24. Supervision at time of incident <input type="checkbox"/> Directly supervised <input type="checkbox"/> Indirectly supervised <input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible		

Figure 7–2. Complete an Incident Investigation Report after you have gathered all possible evidence. See the text for information on how to complete this form.



25. Cost estimates
 Actual estimates Formula-generated average Both

A. Actual cost estimate

Property and equipment damage	\$ _____	Product spoilage	\$ _____
Production interruption	\$ _____	Lost work time (other than injured)	\$ _____
Retraining	\$ _____	Administrative time	\$ _____
Workers' compensation (medical + indemnity paid + indemnity reserve)	\$ _____	Total	\$ _____

Total cost \$ _____ estimated actual

B. Formula-generated average cost
 Average hourly wage plus fringe benefits for this job \$ _____

Injured body part: Head, face Eye Neck, shoulder Hearing loss Chest, lower trunk Heart attack
 Back Rib Hernia, rupture Arm, elbow Thumb, finger Wrist, hand
 Hip Leg, knee Foot, ankle Toe Other (estimate work hours lost: _____ hours)

Injury type: Burn Amputation Strain, sprain, crush or mash Death
 Fracture Bruise, abrasion Cut, puncture or laceration Other _____

Formula-generated cost estimate (from computer calculation) \$ _____

Yes No Do you use ANSI Z16.2 coding? If no, proceed to Causal factors.

Nature of injury code	_____	Body part affected code	_____
Injury source code	_____	Incident type code	_____
Hazardous source condition	_____	Agency of incident code	_____
Agency of incident part code	_____	Nature of illness code (BLS)	_____
Other code	_____		

26. Causal factors. Events and conditions that contributed to the incident.
 Include those identified by use of the **Causal Factors & Corrective Actions** form.

27. Corrective Actions. Those that have been, or will be, taken to prevent recurrence.
 Include those identified by use of the **Causal Factors & Corrective Actions** form.

Prepared by _____ Title _____ Department _____ Date _____	Approved _____ Title _____ Date _____ Approved _____ Title _____ Date _____
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Figure 7-2. Concluded.