|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appendix B  Injury/Incident Investigation Report  (Continue report on separate pages as warranted.) | | | | | | | | | |
| Campus/Center: | | **Date/Time of Occurrence:** | | **Location of Occurrence (Be specific and include department, vehicle or building.)** | | | | | |
|  | |  | |  | | | |  |  |
| Date Reported | | **Off Campus?** | | **Full Name of Injured Person (use new report for additional people)** | | | | Age | **Sex** |
|  | | Yes  No | |  | | | |  |  |
| Any Witnesses? If yes – list them by name | | | | Department | Title | | Full or Part Time? | | |
|  | |  | |  | **Time in Current Position:** | | Seasonal? | | |
|  | |  | | **Time with the District:** | | **Volunteer?** | | |
| Nature of Injury or Illness | | |  | Body Part(s) Injured: | | | | | |
|  | | |  |  | | |  | | |
| Medical Treatment? | | | | List Equipment or Property Damaged: | | |  | | |
|  | |  | |  |  | |  | | |
| **D**  **E**  **S**  **C**  **R**  **I**  **P**  **T**  **I**  **O**  **N** | Describe clearly what took place. How did the accident occur? Include location and the materials, chemicals, equipment, and people involved. If a vehicle is involved, create a sketch on reverse attached page.  What was the employee doing when injured? Identify causal factors and describe the sequence of events. Attach photos. | | | | | | | | |
|  | | | | | | | | |
| **A**  **N**  **A**  **L**  **Y**  **S**  **I**  **S** | From a management perspective, consider what could have been done to control, eliminate, or transfer the exposure, prevent the hazard and/or accident, and reduce the amount or degree of loss. Question why, what, when, who, and how for each operating. Consider each factor contributing to the accident. | | | | | | | | |
|  | | | | | | | | |
| P  **R**  **E**  **V**  **E**  **N**  **T**  **I**  **O**  **N** | Describe the management action or controls that have or will be taken to reduce the potential for a reoccurrence. | | | | | | | | |
|  | | | | | | | | |
| Investigated By: | | Date: | | Person(s) accountable for corrective action: | | Targeted Completion Date: | | | |
| **Reviewed By:** | | Comments: | | |  | **Review Date:** | | | |
|  | |  |