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| Appendix BInjury/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:** |
|  |  |