



**See the Environmental Health & Safety Procedure Manual, Section 5- Incident/Injury Management for additional information. ([http://hip/as/plant\\_aux/](http://hip/as/plant_aux/))**

The injured employee's supervisor shall complete the following "Incident Investigation Report". If you have questions about the form or Workers' Compensation please contact Sara Gibson, Manager of Env. Health & Safety x6923 or [sgibson@harpercollege.edu](mailto:sgibson@harpercollege.edu) .

## E. Completing the Investigation Report

Once the investigation process is complete and the facts are known, preparing the report should not be difficult. Follow the steps to complete the Incident Investigation Report.

Report Questions 1 - 14 are self-explanatory but are important for administrative and follow-up reasons.

### • Injury

15. **Incident Type:** This explains the type of incident being investigated, i.e., fall from ladder, stepped on nail, electrical shock, struck by a vehicle, fire, lifting materials, etc.

16. **Part of Body Injured:** arm, leg, etc.

17. **Lost Time:** This is time lost due to an incident where the employee could not return to work immediately.

18. **Incident Treatment:** This is where the employee was sent for treatment.

- **19. Description:** Describe in complete detail what happened ask open-ended investigative questions such as where-when-why-how. Describe the activity the worker was involved in, who else was involved (list witnesses), what materials, equipment or tools were involved (MSDS, Serial, and Model Numbers). Describe the types of protective equipment required and how actually used.

- **20. Cause:** This is the most critical question in the investigation because it identifies the act or condition requiring change that will control recurrence of like accidents. The investigator needs to get beyond just the employee involved; evaluate all of the management operational controls that could be responsible for the accident.

**SPECIAL NOTATION: DO NOT STATE THAT THE INCIDENT WAS A RESULT OF EMPLOYEE CARELESSNESS! SPECIFICALLY DEFINE THE UNSAFE ACT OR CONDITION INVOLVED THAT MAY AT FIRST APPEARS TO BE CARELESSNESS, I.E. DISTRACTION, NOISE STRESS, HEAT, COLD, OR OTHER NATURAL AND UNNATURAL FACTORS.**

### • Evaluation

21. **Violation of Safety Procedures:** List procedures.

22. **Appropriate Personal Protective Equipment:** Describe the type of Personal Protective Equipment.

23. **Training:** Did the employee receive appropriate training prior to the injury? Describe the type of training and date of training received.

- **24. Correction:** Based on the information developed through previous questions, clearly define steps that must be taken to prevent similar accidents in the future. Solutions that permanently fix the problem.
- **Routing** The Supervisor, should review the incident investigation report with the employee for completeness and accuracy, both should sign and date the report, and send it to Sara Gibson, Mgr. Env. Health and Safety/Risk Mgmt. with a copy to the Human Resources Department
  - Manager, Environmental Health & Safety/Ris Mgmt.: [chsrn@harpercollege.edu](mailto:chsrn@harpercollege.edu)
  - Copy Human Resources: [benefits@harpercollege.edu](mailto:benefits@harpercollege.edu)



### 5.3 INCIDENT INVESTIGATION REPORT (see instructions on page 37 of EH&S Manual)

1. Name of Employee:	2. Home Address, City:	3. Employee #:
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4. Date of Birth:	5. Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female	6. Home/cell phone #:
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7. Marital Status: <input type="checkbox"/> Married, <input type="checkbox"/> Single or <input type="checkbox"/> Divorced	8. Department:
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9. Classification: <input type="checkbox"/> Classified, <input type="checkbox"/> Super Con., <input type="checkbox"/> IEA/NEA, <input type="checkbox"/> ICOPS, <input type="checkbox"/> Pro-Tech, <input type="checkbox"/> Admin. <input type="checkbox"/> Faculty <input type="checkbox"/> Other
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10. Check: <input type="checkbox"/> Part time or <input type="checkbox"/> Full time	11. Shift : <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Other: To: _____ From: _____
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12. Date of Incident: _____	Time: _____	13. Location of Incident: _____
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14. Was the activity the employee was involved in, part of, or within the employee's regular job duties?  Yes  No  NA

<b>INJURY</b> 15. Incident type:	16. Body part injured:	17. Did the incident result in lost time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes last day worked:
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18. Incident treatment and date (check more than one if necessary):

NCH - Date: _____	Emergency Room - Date: _____	Personal Physician - Date: _____
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19. **DESCRIPTION** (Write a detailed description of what and how the incident happened, including witnesses.)

20. **CAUSE** (Identify unsafe acts or conditions—contributor factors—base cause—lack of management operational controls)

21. **EVALUATION:** Were there any violations of safety procedures?    No    Yes , If yes, explain:

22. Was appropriate personal protective equipment being worn/used? Describe type of equipment:                    NA    No    Yes, If yes, explain:

23. Did the employee receive appropriate training prior to the injury? Describe Training & Date:                    NA    No    Yes

24. **CORRECTION** (How could this incident be avoided in the future? Describe changes or improvements in equipment, procedures, training and/or personal protective equipment needed.)

25. Employee Signature/Date: _____	26. Supervisor's Signature/ Date: _____
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