



Injury Investigation Report

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INJURY INVESTIGATION REPORT

REPORT #: _____

JOB SITE: _____ FOREMAN: _____

ADDRESS: _____

Name of Injured _____ SSN: _____

Sex: [] M [] F Age: _____ Date of Accident: _____

Time of Accident: _____ a.m. _____ p.m. Day of Accident: _____

Employee's Job Title: _____

Length of Experience on Job: _____ Years _____ Months

Address of Location Where Accident Occurred: _____

Nature of Injury, Injury Type, and Part of Body Affected: _____

Describe the Accident and How It Occurred: _____

Cause of Accident: _____

Was Personal Protective Equipment Required? [] yes [] no

Was It Provided? [] yes [] no Was It Being Used? [] yes [] no

If "no", explain: _____

Witness(es): _____

Safety Training Provided to the Injured? ? [] yes [] no

If "no", explain: _____

Interim Corrective Actions Taken to Prevent Recurrence: _____

Permanent Corrective Action Recommended to Prevent Recurrence: _____

Date of Report: _____ 20 _____ Prepared By: _____

Supervisor Signature: _____ Date: _____

Status & Follow Up Action Taken by Safety Coordinator: _____

Safety Coordinator Signature: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE INJURY INVESTIGATION REPORT

An injury investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: This section is self-explanatory.

(Item 7) Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture.
Injury Type: First aid-injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time-injured missed more than one day of work; No Injury - no injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

(Item 8) Describe the accident: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Item 9) Cause of the accident: Describe all conditions or acts which contributed to the accident, i.e.,

- a. unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
- b. unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

(Item 10) Personal protective equipment: Self-explanatory

(Item 11) Witness (es): List name(s), address (es), and phone number(s).

(Item 12) Safety training provided: Was any safety training provided to the injured related to the work activity being performed?

(Item 13) Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

(Item 14): Self-explanatory

(Item 15): Self-explanatory

(Item 16) Follow-up: Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.