Incident and Injury Report

To be completed by the injured employee

Claim number _____

Name	Hire date	Age	Sex
Street	City	State	Phone
Describe your injury			
Describe, in detail, what you were doing and what happened when the incident occurred. (Attach additional sheets if needed.)			
Employee signature		Date	

To be completed by supervisor, manager, safety professional, etc.

Time and date of incident	Date reported	Injured employee's job title	Years of job experience

Injury source
- ☐ Animal bite/scratch
- ☐ Burn
- ☐ Caught in/between
- ☐ Chemical exposure
- ☐ Cut or laceration
- ☐ Manual material handling
- ☐ Motor vehicle accident
- ☐ Slip, trip, fall
- ☐ Struck by or against
- ☐ Workplace violence
- ☐ Other:

Body part(s) affected
- ☐ Head
- ☐ Eye(s)
- ☐ Ear(s)
- ☐ Back/neck
- ☐ Arm/shoulder
- ☐ Hand/finger
- ☐ Chest/torso
- ☐ Leg/knee/ankle/foot
- ☐ Lung(s)

Relevant training received

Subject	Date

Location of incident	Nature of injury	PPE required	Used: Yes	Used: No

Type of incident
- ☐ First Aid
- ☐ Medical treatment
- ☐ Lost work day(s)
- ☐ Fatality
- ☐ Near-miss

Witnesses		Yes	No
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

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Accident Analysis

To be completed by supervisor, manager, safety professional, etc.

Describe the incident, in detail, as determined by investigation. (Attach additional sheets, if needed.)

Root cause analysis

1. Identify all contributing factors.
2. For each, ask "Would the incident have happened if this particular factor was not present?" If the answer is "No," then it is a root cause (RC).
3. For nearly every incident, there are multiple root causes/contributing factors

Yes = CF
No = RC

Manpower	CF	RC
Failure to follow procedure/rule		
Failure to use proper PPE		
Improper use of tool/equipment		
Horseplay		
Distracted/breakdown of awareness		
Fatigue/stress/frustration		

Material	CF	RC
Defective tool/equipment		
Improperly guarded equipment		
Not properly trained		
Poor lighting		
Poor ventilation		
Environmental (weather, temp, animal)		
Poor design/layout		

Management systems	CF	RC
Not properly trained		
Poor housekeeping		
No/poor procedure		
Ineffective communication		
No/poor job planning		
Heavy workload/tight schedule (real or perceived)		
Long/unusual work hours		

Corrective actions

Action	Due date	Person/department responsible

Supervisor Date Manager Date Safety professional Date

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Photo Sheet

Photo 1: Description

Photo 2: Description

Photo 3: Description

Photo 4: Description

Photo 5: Description

Photo 6: Description

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Incident Witness Statement

Name of injured employee	Date of Incident
Name of witness	Date of statement

Were you in the area when the incident occurred? ☐ Yes ☐ No

Did you see the incident happen? ☐ Yes ☐ No

If "Yes" to either of the above, describe what you observed in detail.

How can a similar incident be prevented in the future?

Was an injury reported as a result of the incident? ☐ Yes ☐ No

Have you ever heard the injured employee ever complain of a similar injury or illness? ☐ Yes ☐ No

Are you aware of any previous injuries/incidents, on or off the job, that the employee has had? ☐ Yes ☐ No

If so, describe.

I affirm that the above information is complete and accurate to the best of my knowledge.

Witness signature _____ Date _____

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