PLUMAS COUNTY

Accident, Injury, and Illness Investigation Form

General Information:

Department:		Today's Date:
Date of Incident/Injury:	Date Reported:	Time of Incident/Injury:
Location of Accident/Injury/Incident:		
Name of Injured Employee:		
SSN:	Sex: Male Female	Home Phone #:
Home Address:	Employees Usual Occupation:	
	Length of Employment:	
	Job Title at Time of Incident:	
	Time in Occupation at Time of Incident:	

Phase of Employee's Workday at time of Accident or Incident (Circle One)

Break Entering or Leaving Facility Meal Performing Work Other

Severity of Injury/Illness/Incident (Circle Applicable)

Fatality
Medical Treatment
Any Damage to County Property
Damage to County Property over $500
Lost Workdays-Days Away from Work
First Aid Only
Lost Workdays-Modified Work
Near Miss with Vehicle
Other

Other Workers Involved or Witness to Accident or Incident:

Injury Information:

Accident Type: (what caused physical harm)	☐ Struck against ☐ Struck by ☐ Fall from height ☐ Fall on same level ☐ Overexertion (strain) ☐ Caught in	☐ Caught on ☐ Caught between ☐ Contact with o Electricity o Heat o Cold	☐ Contact with o Radiation o Caustics o Noise o Toxic ☐ Other
Nature of Injury:	☐ Foreign particle in eye ☐ Burn ☐ Puncture ☐ Insect bite ☐ Dermatitis	☐ Cut or laceration ☐ Amputation ☐ Fracture ☐ Strain or sprain ☐ Multiple injuries	☐ Bruise or contusion ☐ Illness ☐ Repeated trauma ☐ Other
Part of Body Affected:	☐ Head ☐ Eyes ☐ Arms ☐ Hands ☐ Back	☐ Chest ☐ Abdomen ☐ Legs ☐ Feet ☐ Fingers ☐ Ankle	☐ Wrist ☐ Knee ☐ Face ☐ Neck ☐ Other

Description of How Accident, Illness, or Injury Occurred: What Happened?

(Attach additional pages as necessary)

Contributing Factors:

Workplace conditions that contributed to the accident	❑ Inadequate guard or protection ❑ Defective tools or equipment ❑ Congestion ❑ Inadequate warning system ❑ Fire or explosion hazard	❑ Substandard housekeeping ❑ Hazardous atmospheric conditions ❑ Excessive noise ❑ Radiation exposure ❑ Inadequate illumination ❑ Other
Unsafe work practices that contributed to the accident	❑ Operating equipment without authority ❑ Failure to warn or secure ❑ Operating at improper speed ❑ Making safety devices inoperable ❑ Using equipment improperly ❑ Failure to use personal protective equipment ❑ Other	❑ Improper loading or placement ❑ Improper lifting ❑ Taking improper position ❑ Servicing equipment in motion ❑ Horseplay ❑ A code of safe practices violated? If so, which one.

Incidence Sequence:

List tasks being performed that led to accident and who was doing them.	

Findings:

List possible causes or actions that may have contributed to the accident or incident:	

Corrective Actions Necessary:

What corrective actions need to be taken to prevent another accident (Indicate all that apply)	❑ Operator training needed ❑ Provide better warning ❑ Operating procedures posted ❑ Replacement of safety devices ❑ Specific equipment instruction ❑ Use of necessary personal protective equipment	❑ Loading or placement training ❑ Safe lifting training ❑ Lockout and tagout of energy sources ❑ Training on code of safe practices ❑ Disciplinary actions ❑ Other

Corrective Actions Taken:

Clarify the specific corrective actions taken, who is responsible and when will they be accomplished:	

Department Head: _____ Date: _____
Supervisor: _____ Date: _____
Safety Committee Chairman: _____ Date: _____
Date Entered into System: _____ Date: _____

INTERNAL USE *ONLY!*

PLUMAS COUNTY INCIDENT/HAZARD REPORT

SECTION A	☐ INJURY INCIDENT	☐ INCIDENT/NEAR MISS	☐ HAZARD
DATE & TIME OF INCIDENT:	LOCATION:	DATE REPORTED:	
REPORTED TO:	REPORTED BY: (Optional)	DEPARTMENT:	

SECTION B	DESCRIPTION OF INCIDENT – INJURY, INCIDENT/NEAR MISS, HAZARD

SECTION C	CAUSES

SECTION D	SUGGESTED CORRECTIONS

INVESTIGATED BY:	*TITLE:*	*DATE:*

SECTION E	CORRECTIVE ACTION	DATE

Department Safety Representative Signature: Date:	*Department Head Signature:* Date: