

## Injury Investigation Form

When complete, attach this form to the Incident Hazard Report

### Employee Information

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home/Cell: \_\_\_\_\_

Employee's  
Schedule (Hrs)

Sun	Mon	Tue	Wed	Thus	Fri	Sat

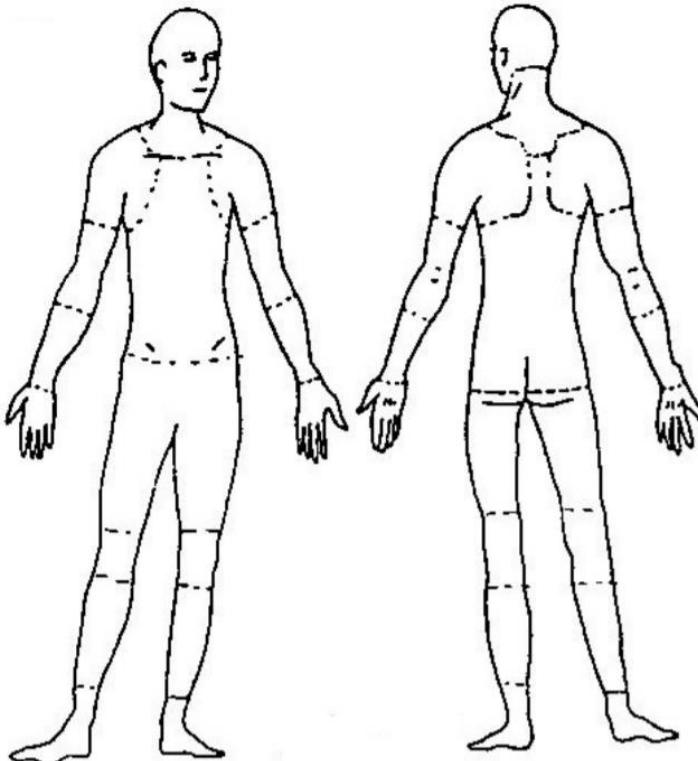
Start time: \_\_\_\_\_

Does the employee work additional jobs?  No  Yes, \_\_\_\_\_

Does the employee engage in extreme activities  No  Yes, what \_\_\_\_\_

### Injury Description

**Body Part Affected** (Shade all that apply)



### Nature of Injury

- Abrasion/Scratch
- Allergic Reaction
- Amputation
- Animal or Insect bite
- Broken bone/Fracture
- Bruise/Contusion
- Burn (heat)
- Burn (chemical)
- Concussion (head injury)
- Crushing Injury
- Cut/Laceration
- Damage to a body system
- Dislocation
- Hernia
- Heat Related Illness
- Illness
- Foreign Body
- Psychological trauma
- Puncture
- Strain/Sprain
- Other \_\_\_\_\_

### Treatment

Declined Medical Care  
 First Aid Only  
 Medical Care

**Name of Treating Dr. / Facility**  
 Plumas District Hospital  
 Eastern Plumas Health Care  
 Seneca Health Care District

Other \_\_\_\_\_  
\_\_\_\_\_

**Is the employee released?**  Without restrictions  With restrictions  Not released

**Root Cause Analysis** (what factors contributed in the incident?)Describe step by step what happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Witness: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Statement Attached  Yes  NoDo you believe this injury to be caused by work?  Yes  No, If no Why? \_\_\_\_\_**Unsafe Acts**

- Improper work technique
- Improper PPE, Not Used or Used Incorrectly
- Safety Rule Violation
- Operating Without Authorization
- Failure to Warn or Secure
- Operating at Improper Speeds
- By-Passing Safety Devices
- Guards Not Used
- Improper Loading or Placement
- Improper Lifting
- Servicing or Adjusting Machinery in Motion
- Horseplay
- Drug or Alcohol Use
- Unsafe Acts(s) of Others
- Unnecessary Haste
- Other \_\_\_\_\_

**Unsafe Conditions**

- Poor Workstation Design or Layout
- Fire or Explosion Hazard
- Congested Work Area
- Hazardous Substances
- Inadequate Ventilation
- Improper Tool or Equipment
- Insufficient Job Knowledge
- Slippery Conditions
- Poor Housekeeping
- Excessive Noise
- Inadequate Guarding of Hazards
- Defective Tools/Equipment
- Insufficient Lighting
- Inadequate Fall Protection
- Other \_\_\_\_\_

**Management System Deficiencies**

- Lack of Written Procedures or Safety Rules
- Safety Rules Not Enforced
- Hazards Not Identified
- PPE Unavailable
- Insufficient Worker Training
- Insufficient Supervisor Training
- Improper Maintenance
- Inadequate Supervision
- Insufficient Job Planning
- Inadequate Hiring Practices
- Poor Process Design
- Inadequate Workplace Inspections
- Inadequate Equipment
- Unsafe Design or Construction
- Unrealistic Scheduling
- Other \_\_\_\_\_

**Corrective Actions**

Contributing Factor (as identified above)	Proposed Corrective Action	Assigned to	By When	Date of Completion

Investigation Completed By: \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Date \_\_\_\_\_Reviewed By: \_\_\_\_\_  
Department Head \_\_\_\_\_ Date \_\_\_\_\_