EMPLOYEE ACCIDENT/INJURY/ILLNESS INVESTIGATION REPORT

Employee name: ___________________ Department: _________________________________

Date of accident/injury/illness: ________________

Person(s) conducting investigation (include title): _________________________________
___________________________________________________________________________

Witnesses (If none, so state): _________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
(Attach witnesses’ statements).

Describe workplace condition, employee work practice or equipment which caused the accident/injury/illness [NOTE: Preserve faulty equipment as evidence so that the County may seek reimbursement from a responsible third party]:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Describe recommended actions to prevent reoccurrence: _________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Is action plan required to correct hazard: ____ Yes    ____ No

If Yes, date plan submitted to Program Administrator(s): ______________

Until corrected, describe actions taken to protect employees in the interim: __________
___________________________________________________________________________

Person responsible for corrective action: ________________________________

Title: ___________________________ Date correction completed: ____________________

Signature of person responsible for corrective action: _____________________________

Signature of Supervisor: ____________________________________________________