CAL STATE LA

Incident/Accident Investigation Report

EMPLOYEE INFORMATION

Employee Name: *(print clearly)* Last, First	**Sex:** ☐ Male ☐ Female	**Today's Date:**
Department:	**Job Title:**	**Contact Number:**:
Supervisor's Name:	**Supervisor's Phone:**	**Employer:** ☐ CSULA ☐ UAS

TYPE of ACCIDENT / INCIDENT:	☐ Slip / Trip / Fall ☐ Contusion / Laceration / Avulsion ☐ Exposure to	☐ Repetitive Motion ☐ Caught in / under / between ☐ Fracture	☐ Sprain / Strain ☐ Struck, contacted by / with / against ☐ Vehicle
	☐ Other:		

INCIDENT / ACCIDENT INFORMATION

Date of incident:	**Time of Incident:**	**Date Incident was Reported:**	**Date Last Worked:**

Location where Incident/Accident Occurred: (Ex. restroom, kitchen, parking lot, office, etc.) Be Specific.

Describe what happened: (Use additional paper if needed)

Part of body Injured: *(Indicate "R", "L", or "B", where applicable - Check all that apply)*

☐ Head	☐ Shoulder	☐ Lower Back	☐ Lower Arm	☐ Hip /Thigh	☐ Lower Leg
☐ Eye	☐ Upper Back	☐ Upper Arm	☐ Wrist	☐ Upper Leg	☐ Ankle / Foot
☐ Neck	☐ Mid Back	☐ Elbow	☐ Hand / Fingers	☐ Knee	☐ Other: _____

Was employee transported to hospital? ☐ **Yes** ☐ **No**	If so, how was the employee transported? ☐ **Self** ☐ **Ambulance** ☐ **Other:** _____
Was employee treated in an emergency room? ☐ **Yes** ☐ **No**	Was employee hospitalized overnight as an in-patient? ☐ **Yes** ☐ **No**
Was employee admitted other than observations? ☐ **Yes** ☐ **No**	
Has employee ever reported an injury before? ☐ **Yes** ☐ **No**	If so, when and what part of the body?

Was anyone else involved? ☐ **Yes** ☐ **No**	Were there any witnesses? ☐ **Yes** ☐ **No**	Name(s) of witnesses (if any):

CONTRIBUTING CAUSE

Conditions: *(Check all that apply)*

- ☐ Poor housekeeping; disorderly workplace
- ☐ Slip / Trip hazards
- ☐ Workspace condition (congested or restricted access / egress)
- ☐ Defective furniture, tools, equipment, or materials
- ☐ Walking or working surface hazard
- ☐ Inadequate ventilation
- ☐ Weather conditions
- ☐ Exposure to hot / cold temperatures
- ☐ No training or insufficient training
- ☐ Other (explain): _____

Activities: *(Check all that apply)*

- ☐ Improper body position / posture
- ☐ Mobile radio / cell phone use
- ☐ Unnecessary rushing
- ☐ Distraction, teasing, horseplay
- ☐ Improper lifting / bending
- ☐ Using defective equipment
- ☐ Altering or modifying equipment
- ☐ Not following appropriate procedures
- ☐ Inappropriate conduct
- ☐ Awareness of surroundings
- ☐ Other (explain): _____

PREVENTATIVE / CORRECTIVE ACTION

*Check (✓) actions taken to prevent recurrence. Mark with (**P**) corrective actions planned but not yet carried out.*

- ☐ Training / instruction of person involved
- ☐ Improve Work Procedures
- ☐ Inform Staff / Managers of safe work procedures
- ☐ Perform job safety analysis
- ☐ Inform Staff / Managers of hazard and how to protect themselves
- ☐ Notify Appropriate individuals
- ☐ Improve engineering / design
- ☐ Tools, equipment, furniture repair or replacement
- ☐ Request ergonomic assessment
- ☐ Request environmental assessment
- ☐ Correction of work area
- ☐ Recommend development / improvement to training
- ☐ Reassess work standards
- ☐ Reassignment of person
- ☐ Improve housekeeping
- ☐ Other: _____

RECOMMENDATIONS / COMMENTS

INVESTIGATION REVIEW

☐ In-Person Interview ☐ Phone Interview ☐ Via E-mail Interview ☐ Other: _____

Conducted by:

NAME (print):	**SIGNATURE:**	**DATE:**

Reviewed By:

NAME (print):	**SIGNATURE:**	**DATE:**