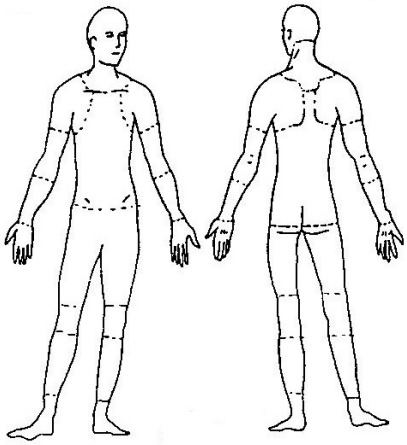
Injury Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in an injury or illness. (Please also use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

This is a report of a: ☐ Death ☐ Lost Time ☐ Dr. Visit Only ☐ First Aid Only ☐ Near Miss	
Date of incident:	Report is made by: ☐ Employee ☐ Supervisor ☐ Team ☐ Other
If report is completed by anyone other than employee, please provide name of the person completing the form along with reason why employee is not completing the form below.	

Step 1: Injured employee (complete this part for each injured employee)

Name:		Date:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (check all that apply) ☐ Abrasion, scrapes ☐ Amputation ☐ Broken bone ☐ Bruise ☐ Burn (heat) ☐ Burn (chemical) ☐ Concussion (head) ☐ Crushing Injury ☐ Cut, laceration, puncture ☐ Hernia ☐ Illness ☐ Sprain, strain ☐ Damage to a body system ☐ Other:_____ _____ __	This employee works: ☐ Regular full time ☐ Regular part time ☐ Seasonal ☐ Temporary
Have you suffered a prior injury(s) or received treatment(s) for the body parts listed above? If yes, provide date, type of injury and treating physician or practice group.		

Contact the HR Manager immediately in the case of a serious accidents or injuries.
Angela McLamb 910-814-6402 or 910-263-0744
Once completed please send to the HR Manager at: amclamb@harnett.org Fax: 910-814-0350

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Step 2: Describe the incident	
Exact location of the incident:	Exact time:
During what part of employee's workday? ☐ Entering or leaving work ☐ Doing normal work activities ☐ During meal period ☐ During break ☐ Working overtime ☐ Other_____	
Names and contact information of witnesses (if any): Name; Phone or Email . Name; Phone or Email . Name; Phone or Email . Name; Phone or Email .	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			

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Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Please take pictures of the area and machinery involved (Do not take pictures of the injury or injured person) Description continued on attached sheets:

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Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate guard
- ☐ Unguarded hazard
- ☐ Safety device is defective
- ☐ Tool or equipment defective
- ☐ Workstation layout is hazardous
- ☐ Unsafe lighting
- ☐ Unsafe ventilation
- ☐ Lack of needed personal protective equipment
- ☐ Lack of appropriate equipment / tools
- ☐ Unsafe clothing
- ☐ No training or insufficient training
- ☐ Other: _____

Unsafe acts by people: (Check all that apply)

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective equipment
- ☐ Using equipment in an unapproved way
- ☐ Unsafe lifting
- ☐ Taking an unsafe position or posture
- ☐ Distraction, teasing, horseplay
- ☐ Failure to wear personal protective equipment
- ☐ Failure to use the available equipment / tools
- ☐ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

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Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

☐ Stop this activity ☐ Guard the hazard ☐ Train the employee(s) ☐ Train the supervisor(s)

☐ Redesign task steps ☐ Redesign work station ☐ Write a new policy/rule ☐ Enforce existing policy

☐ Routinely inspect for the hazard ☐ Personal Protective Equipment ☐ Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Step 5: Affirmation

My signature below certifies that the information I have provided is true and accurate. If I did not complete this form, I have reviewed it in its entirety and agree that it is a true and accurate description of the incident. I understand that any inaccurate or false statements may result in delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

_____ _____

Employees Signature Date

_____ _____

Individual Completing the Form if not Employee Date

Received By: _____ .	Title: _____ .
Reviewed by: _____ .	Date: _____ .

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Please read this section carefully and cross out the box that is not signed

Please fill out the one section that applies. A or B

Section A

I _____ do hereby **agree** to be treated by a worker's compensation doctor chosen by the County of Harnett or its designee as outlined in North Carolina state law.

Signed This _____ day of _____ 20____

Signature:_____

Section B

I _____ do hereby **refuse** to be treated for my workplace injury at this time. I reported the injury but do not feel I need medical attention. I understand that I have a small window to request treatment and if I fail to do so within that window I will lose the right to my workers compensation for this injury.

Signed This _____ day of _____ 20____

Signature:_____

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