UNIVERSITY & COLLEGE INSURANCE CONSORTIUM

RCM&D

Injury - Incident Investigation Report

For completion by Supervisor and/or Safety Committee

________________College

Incident Information		**Relationship to the College** Mark all that apply ☑		
Date	Time	❑ Employee ❑ Faculty ❑ Administrator ❑ Other	❑ Student Worker	❑ Full Time ❑ Part Time ❑ Casual
Location				
Employee Date of Hire	Start of Shift			
Department	Supervisor			

Injury / Treatment Review

Injury Sustained ❑ Yes ❑ No	Treatment Received ❑Yes ❑ No	Follow-up Care ❑ Yes ❑ No	
Work Related ❑ Yes ❑ No	Supervisor Notified ❑Yes ❑No	Injury Cleared ❑ Yes ❑ No	Date Cleared
Returned to Duty ❑ Yes ❑ No	Est. Date of Return	Restricted Duty ❑ Yes ❑ No	Est. Duration
Notes / Comments			

Incident Information Review

Subject Interviewed ❑ Yes ❑ No ❑ N/A	Date	Incident Information Corroborated ❑ Yes ❑ No
Department Head Contacted ❑ Yes ❑ No ❑ N/A	Date	Recommendations Made ❑ Yes ❑ No ❑ N/A
Supervisor Interviewed ❑ Yes ❑ No ❑ N/A	Date	Incident Investigation Closed ❑ Yes ❑ No
Witness(s) Interviewed ❑ Yes ❑ No ❑ N/A	Date	Supplemental Invest. Suggested ❑ Yes ❑ No
Notes / Comments		

Training & Safety Review

Training & Safety Review	Standard Operating Procedures – SOP's	Personal Protective Equipment – PPE
SOP's for Activity In-place ❑ Yes ❑ No ❑ N/A	SOP's known to Employee ❑ Yes ❑ No	SOP's Followed ❑ Yes ❑ No
Special Training Needed ❑ Yes ❑ No ❑ N/A	Training Provided ❑ Yes ❑ No	Training Received ❑ Yes ❑ No
Safety Equipment In-place ❑ Yes ❑ No ❑ N/A	Safety Equipment Used ❑ Yes ❑ No	Safety Equipment Disabled ❑ Yes ❑ No
PPE for Activity Needed ❑ Yes ❑ No ❑ N/A	PPE Available ❑ Yes ❑ No	PPE Used ❑ Yes ❑ No

Notes / Comments – **<u>those areas within this section that were checked NO, please explain:</u>**

Incident Location / Equipment Condition Review

Appropriate Work Area ❑ Yes ❑ No ❑ N/A	Safe Work Area ❑ Yes ❑ No	Safe Working Conditions ❑ Yes ❑ No
Appropriate Equipment ❑ Yes ❑ No ❑ N/A	Equipment in Good Condition ❑ Yes ❑ No	Equipment used as Intended ❑ Yes ❑ No

Notes / Comments – **<u>those areas within this section that were checked NO, please explain:</u>**

Activity / Experience Review

Activity within Assigned Duties ❑ Yes ❑ No ❑ N/A	Activity within Training / Experience ❑ Yes ❑ No ❑ N/A	Yrs. of Service
Activity Assigned by Supervisor ❑ Yes ❑ No ❑ N/A	Activity Assigned by:	Yrs. Experience

Notes / Comments – **<u>those areas within this section that were checked NO, please explain:</u>**

Investigator's Comments

Incident Analysis – Causal Factors

Causal Actions that attributed to the incident:	Causal Conditions that attributed to the incident:

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Recommended Corrective Action(s) Required:	Person Assigned/Responsible:	Target Date for Completion:

Corrective Action(s) Taken:	Date Implemented	Date Reviewed

Additional Notes:

Department Head and/or Safety Committee	**Date Filed**