Kennesaw State University
Department of Environmental Health & Safety

# Incident Investigation Report

**Instructions**: This form should be completed as soon as possible following an incident that results in serious injury or illness. The form can also be used to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.) Completed form should be forwarded to EHS via email at ehs@kennesaw.edu or by fax at 470-578-9041.

| Case # | |
|---|---|

## Injured employee (complete this part for each injured employee)

| | | | | | |
|---|---|---|---|---|---|
| First Name: | | Last Name: | | | |
| Employee ID | | Sex | ☐ Male ☐ Female | Age: | |
| Employee Department | | Supervisor Name | | | |
| Employee usual occupation | | Occupation at time of incident | | | |
| Job title at time of incident | | Supervisor Contact information | | | |

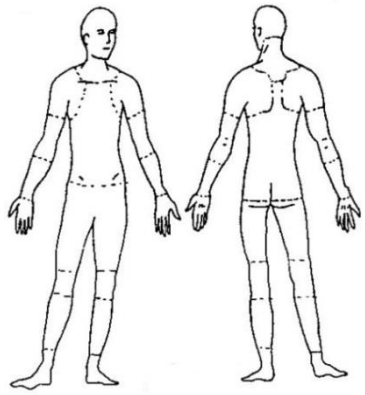
**Employment Type**
- ☐ Faculty
- ☐ Staff
- ☐ Student
- ☐ Contractor
- ☐ Others_____

**Employment Category**
- ☐ Regular full time
- ☐ Regular part time
- ☐ Seasonal
- ☐ Temporary

**Length of Employment**
- ☐ 1-6 mos.
- ☐ 6 mos. – 1 yr.
- ☐ 1 yr. – 5 yrs.
- ☐ more than 5 yrs

Time in occup. at time of incident
- ☐ 1-6 mos.
- ☐ 6 mos. – 1 yr.
- ☐ 1 yr. – 5 yrs.
- ☐ 5 yrs. (or more)

**Affected body Part:**



- ☐ Head/face
- ☐ Eye
- ☐ Neck/shoulder
- ☐ Arms/elbow
- ☐ Wrist/Head
- ☐ Right Hand
- ☐ Left Hand
- ☐ Fingers
- ☐ Chest/lower trunk
- ☐ Rib
- ☐ Hip
- ☐ Back
- ☐ Leg/knee
- ☐ Foot/ankle
- ☐ Toes
- ☐ Other _____

**Nature of injury:**
- ☐ Abrasion, scrapes
- ☐ Amputation
- ☐ Broken bone
- ☐ Bruise
- ☐ Burn (heat)
- ☐ Burn (chemical)
- ☐ Concussion (to the head)
- ☐ Crushing Injury
- ☐ Cut, laceration, puncture
- ☐ Hernia
- ☐ Illness
- ☐ Sprain, strain
- ☐ Damage to a body system:
- ☐ Other _____

**Severity of injury or illness:**
- ☐ First aid only
- ☐ Medical treatment
- ☐ Lost workdays
- ☐ Restricted activities
- ☐ Fatality: Date _ / _ / ___

*For EHS Use Only*

| | |
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| Number of lost work days | |
| Days of restricted activities | |

| | | | |
|---|---|---|---|
| Name and address of physician | | Name and address of hospital | |

## Describe the incident

| | | | | | |
|---|---|---|---|---|---|
| Date of Incident | | Time of the incident | | Day of the week (Mon = 1) | 1 2 3 4 5 6 7 |
| Specific Location of the Incident | | On KSU property? | ☐ Yes ☐ No | Shift | ❑ 1st ❑ 2nd ❑ 3rd |

| | | | |
|---|---|---|---|
| Was an employee injured in the incident? | ☐ Yes ☐ No | Number of others injured, ill or involved in same incident | |
| Did the incident involve property damage? | ☐ Yes ☐ No | Was a motor vehicle involved in this incident? | ☐ Yes ☐ No |
| Names of witnesses (if any)? | | | |

| Describe, step-by-step, how the incident occurred: | | |
|---|---|---|
| | | |
| Phase of employee's workday at the time of the incident? | ❑ Entering or leaving work ❑ Doing normal work activities<br>❑ During meal period ❑ During break ❑ Working overtime<br>❑ Other_____ | |
| Task and activity at time of the incident | | |
| General type of task | Specific activity | Employee was working:<br>□ Alone<br>□ With a crew/co-worker<br>□ Other, specify |
| Supervision at time of incident | □ Directly supervised □ Indirectly supervised<br>□ Not supervised □ Supervision not feasible | |
| **Causal Factors:** *Events and conditions that contributed to the accident.* | | |
| | | |
| **Corrective actions:** *Steps that have, or will be, taken to prevent recurrence.* | | |
| | | |

| Report prepared by: | Members of investigation Team: | Report reviewed by: |
|---|---|---|
| Name:_____<br>Title:_____<br>Department:_____<br>__<br>Date: __ / __ / _____ | | Name:_____<br>Title:_____<br>Department:_____<br>Date: __ / __ / _____ |