

Injury Investigation Report

Today's Date: _____

This form is intended to assist in injury investigations, in conjunction with the *PLU Injury Report*. Complete only fields relevant to this injury. EH&S Manager will manage action items. This information may be used during Safety Committee discussions when analyzing the incident.

ORIGINAL INJURY INFORMATION

Name of injured _____ Initial Report Date _____

Name of Supervisor _____

Investigator's Name	E-mail	Telephone

Narrative description of injury/incident *(add any details here not in original Injury Report)*

WORKER INFORMATION

How long has this person been working in this role, performing these activities? _____

Did the worker have any mental or physical condition that could have contributed to the incident?

Unknown Yes No

Explain

TRAINING

Was the employee trained to safely perform the activity that caused the injury? Unknown Yes No

Who provided the training? _____

Describe training *(in person, online, reading instructions/q&A, etc.)*

Had the supervisor watched the worker safely perform the task that led to the injury?

Unknown Yes No

PROCEDURES

Were there any existing procedures or safety rules that were not followed that could have contributed to this injury? Unknown Yes No

Explain

Were there any new or unusual circumstances that could have contributed to this injury (*new equipment, adjustments to materials or procedures, different parts, etc.*)? Unknown Yes No

Explain

Was the treatment provided on site appropriate? (*i.e. were other first aid supplies or skilled staff needed but were not available?*) Unknown Yes No

Additional details regarding procedures leading up to or following the injury

PPE & SUPPLIES

Was there PPE available that was not being worn while performing this task that could have prevented this injury? Unknown Yes No

Does employee know how to use available PPE and where it is located? Unknown Yes No

Did the employee have appropriate tools available to complete the task safely and know how to use them? Unknown Yes No

Was the injury a result of faulty equipment? Unknown Yes No

If Yes, please describe

CONDITIONS

Was there sufficient space to perform this task? Unknown Yes No

Were there any hazardous environmental conditions that could have contributed to this injury? Unknown Yes No

Were the tasks being performed considered more challenging than the workers' regular tasks? Unknown Yes No

Was there a personnel shortage on that shift? Unknown Yes No

WITNESS STATEMENTS

Witnesses are identified on the original Injury Report.

Did you see the injury actually occur? Yes No

If yes, what did you observe leading up to it that may have caused or made worse the injury?

If no, what activities did you witness?

Suggestions for preventing this from happening in the future

Narrative of investigation *(include additional information to assist in identifying solutions/preventative measures)*

Action Items/completion dates/assigned to

Action Item	Assigned to	Completion date

Investigator Signatures

Sign

Print name

Date

Sign

Print name

Date

Sign

Print name

Date