

# COUNTY INCIDENT INVESTIGATION REPORT

INSTRUCTIONS: This Incident Investigation Report is a tool for department supervisors and incident investigation teams to find main causes of illnesses, injuries, and "near misses," and to take corrective actions.

Departments are strongly encouraged to use this form as a method of reducing hazards in their areas.

## Employee Statement Concerning Incident:

Employee Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## Witness Statement:

Witness Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_

## Equipment Involved (if applicable):

Name of equipment: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Age of equipment: \_\_\_\_\_

Model and Serial #: \_\_\_\_\_

Location: \_\_\_\_\_

Was there equipment failure?  Yes  No If "yes", please explain \_\_\_\_\_

\_\_\_\_\_  
Please attach equipment history, including maintenance schedules and engineering changes.

Other Factors Involved in the Incident (Walking Surfaces, Work Practices, Work Area Design, Weather, Previous Incidents, etc.):

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Corrective Action to Be Taken: (Use separate paper for additional information)

<u>Item#</u>	<u>Description</u>	<u>Person Accountable</u>	<u>Target Date</u>	<u>Date Completed</u>

**Examples of Corrective Actions:** Improve lighting, Improve inspection procedure, Use less-hazardous materials, Repair or replace equipment or tools, Improve housekeeping, Improve ventilation, Install safety/guard device, Correct building hazards, Redesign work environment, Reduce noise/vibration, etc.

Investigation Reported Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Report reviewed by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_