

**ROCKINGHAM COUNTY
ACCIDENT INVESTIGATION FORM**

TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR AND RETURN TO
HUMAN RESOURCES DEPARTMENT – ATTENTION: WORKERS' COMPENSATION

NAME OF EMPLOYEE: _____ TIME AND DATE OF INJURY: _____

DATE REPORTED: _____ TO WHOM: _____

NATURE OF INJURY (INCLUDE PART(S) OF BODY AFFECTED): _____

INJURY REQUIRED (CHECK ONE):

FIRST AID

OUT-PATIENT

HOSPITALIZATION

HOW WAS EMPLOYEE INJURED (Be specific-include name(s) of object, substance or exposure which directly brought about injury)

WHERE DID INJURY OCCUR?

WHAT JOB DUTY WAS THE EMPLOYEE PERFORMING WHEN INJURED?

WERE THERE WITNESSES?

YES

NO

IF SO, WHAT DID WITNESS OBSERVE?

SIGNATURE (S) WITNESS: _____

SUBMIT REPORT TO HUMAN RESOURCES; ATTENTION WORKERS' COMPENSATION WITHIN 24 HOURS OF INJURY

TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR AND RETURNED TO THE HUMAN RESOURCES DEPARTMENT; ATTENTION WORKERS' COMPENSATION

NAME OF EMPLOYEE: _____ **DATE OF INJURY:** _____ **TIME:** _____

WAS THE EMPLOYEE (CHECK ALL THAT APPLIES TO THIS INVESTIGATION):

- | | |
|---|--|
| <input type="checkbox"/> In training for the job | <input type="checkbox"/> Neglecting to get help and over exerted |
| <input type="checkbox"/> Properly trained for the job | <input type="checkbox"/> Tired due to medication, drinking or taking drugs |
| <input type="checkbox"/> Experienced in the job | <input type="checkbox"/> Under emotional stress, worried or having distractions personal problems |
| <input type="checkbox"/> Not following company procedure/policy | <input type="checkbox"/> Distracted through horseplay, practical joking, Quarreling, fighting, or startling act of another |
| <input type="checkbox"/> Not using the correct tool or equipment | <input type="checkbox"/> Not using PPE correctly |
| <input type="checkbox"/> Not using the provided Personal Protective Equipment (PPE) | <input type="checkbox"/> Injury due to an unsafe act of another person |
| <input type="checkbox"/> Not using tool or equipment correctly | <input type="checkbox"/> Operating equipment at unsafe speeds |
| <input type="checkbox"/> Operating equipment/tools unsafely | |
| <input type="checkbox"/> Not practicing proper body mechanics | |

WAS THE TOOL AND/OR EQUIPMENT:

- | | |
|---|--|
| <input type="checkbox"/> Working properly | <input type="checkbox"/> In need of routine maintenance |
| <input type="checkbox"/> Adjusted correctly | <input type="checkbox"/> Previously written up on a Maintenance request Form |
| <input type="checkbox"/> Broken and in need of repair | |

WAS THE AREA:

- | | |
|--|--|
| <input type="checkbox"/> Well lit | <input type="checkbox"/> Congested with equipment and/or employees |
| <input type="checkbox"/> Not well lit | <input type="checkbox"/> Was a spill present that had not been picked up |
| <input type="checkbox"/> In need of replacement lights | <input type="checkbox"/> Was the spill contained and identified |
| <input type="checkbox"/> Free from tripping hazards | <input type="checkbox"/> Tripping hazards present |

WHAT ACTS, FAILURES TO ACT AND/OR UNSAFE CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT/INJURY?

- | | | |
|---|--|--|
| <input type="checkbox"/> Human Error | <input type="checkbox"/> Lack of Supervision | <input type="checkbox"/> Other |
| <input type="checkbox"/> Equipment Poor | <input type="checkbox"/> Inadequate Policy | <input type="checkbox"/> Unsafe Conditions |

EXPLAIN:

What actions have you taken or recommend should be taken to prevent recurrence of a similar Accident/Injury?

ACTION TAKEN _____

By Who _____

Date Completed _____

Signature of Employee Conducting Investigation

Date