City of Seattle
Incident or Injury Investigation Report

Instructions: Complete the investigation as soon as possible after incident. (Employees injured in a *vehicular collision* should complete the *City of Seattle Report of Accident* and the supervisor should complete the *Supervisory Review of Vehicle Collision Form*.)

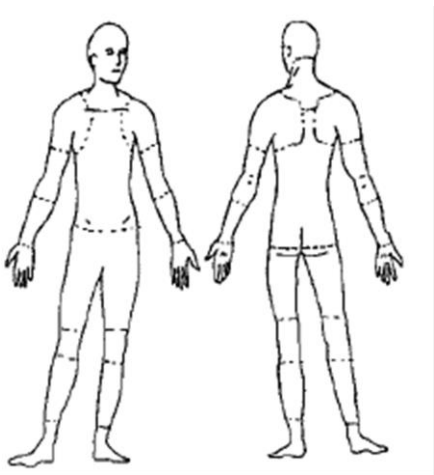
This is a report of a: □ Near Miss □ First Aid Only □ Dr. Visit Only □ Lost Time □ Fatality □ Incident

Date of incident:	This report is made by: □ Employee □ Supervisor □ Team □ Final Report

Step 1: Injured employee (complete this part for each injured employee)

Name: Emp. #	Length of time with employer in this position:
Department: Low Org.	Job title at time of injury:

Part of body affected: (shade all that apply)



Nature of injury: (most serious one)
□ None
□ 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

This employee works:
□ Regular full time
□ Regular part time
□ Intermittent /temporary assignment
□ Out of class

Length of time with employer in this position _____

(E.g.: nervous, respiratory, or circulatory systems)

Step 2: Describe the incident

Exact location of incident and address:	Exact time:

What part of employee's workday? □ Doing normal work activities □ Entering or leaving work
□ During meal period □ During break □Working overtime □ Other _____

Names of witnesses (if any):

Number of attachments:	Written witness statements: #	Photographs: #	Maps / drawings: #

What personal protective equipment was being used (if any)? List all:

Describe step by step the events that led up to the incident/ injury. Include names of any machines, parts, objects, tools, materials and other important details.

Description continued on attached sheets: □

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Step 3: Why did the incident or injury happen?

Workplace conditions: (check all that apply)	Actions by people: (check all that apply)
□ Inadequate guard □ Unguarded hazard □ Safety device is defective □ Tool or equipment defective □ Work area layout is hazardous □ Lighting □ Ventilation □ Lack of needed personal protective equipment □ Lack of appropriate equipment / tools □ Clothing □ No training or insufficient training □ Other: _____.	□ Operating without permission □ Operating at unsafe speed □ Servicing equipment that has power to it □ Making a safety device inoperative □ Using defective equipment □ Using equipment in an unapproved way □ Improper lifting □ Taking an unsafe position or posture □ Distraction, teasing, horseplay □ Failure to wear personal protective equipment □ Failure to use the available equipment / tools □ Other: _____.

Why did the above conditions exist?

Why did the above actions occur?

Were there any other factors that may have contributed to this incident / injury: □ Yes □ No
If, yes, describe:

Were any of the above actions or conditions reported prior to the incident?	□ Yes □ No
Have there been similar incidents, injuries or near misses prior to this incident?	□ Yes □ No

Step 4: How can future injuries or incidents be prevented?

What do you suggest should be done to prevent this incident/injury/near miss from happening again?

What should be or has been done to carry out the suggestion(s) checked above?

Description continued on attached sheets: □

Step 5: Who completed and reviewed this form (Please Print)

First Line Management (Print)	Initial	Title	Date	Agree	Disagree (Explanation here or attached ☐)
Second Line Management (Print)	Initial	Title	Date	Agree	Disagree (Explanation here or attached ☐)
Safety (Print)	Initial	Title	Date	Agree	Disagree (Explanation here or attached ☐)

Distribution: Safety Office, Supervisor, Employee, Citywide Safety, Workers' Comp