

SAFETY INVESTIGATION FOR ASSOCIATE INJURY

Associate Name:

DOI:

TO BE COMPLETED BY ASSOCIATE'S SUPERVISOR/MANAGER:

What happened? (Ask the associate to demonstrate, if possible.)

What was the employee doing at the time the injury occurred?

Were there extenuating circumstances?

Were there any witnesses? If so, who?

What did they observe?

Was the associate working their regular shift? Overtime?

Was the associate working in their home department? If no, where?

How long was the associate working their shift prior to the injury?

Was the associate given any education or special instructions regarding this task?

Was personal protective equipment/gear required with this task? If yes, was it being used?

Did the associate violate a safety policy? If yes, was there disciplinary action?

Was there anything that could have been done to avoid this injury? If yes, what could have been done and by whom?

Were proper procedures and safety rules followed? If no, what needs to be corrected to prevent this from happening again?

Additional comments:

Supervisor/Manager signature:

Date:

TO BE COMPLETED BY OCCUPATIONAL HEALTH DEPARTMENT

Treatment: ()NONE ()OCCUPATIONAL HEALTH ()COMP ()READY CARE ()CMCH-ER

Briefly describe actions taken and any special instructions?

Occupational Health Nurse Signature:

Date:

CONFIDENTIAL-NO COPIES. ORIGINAL BELONGS TO OCCUPATIONAL HEALTH DEPT.

