



ROCKINGHAM COUNTY ACCIDENT INVESTIGATION FORM

TO BE COMPLETED BY DEPARTMENT HEAD OR SUPERVISOR
RETURN TO DEPARTMENT OF HUMAN RESOURCES ATTENTION; WORKERS' COMPENSATION

Name of Employee: _____ Time and Date of Injury: _____

Date Reported: _____ To Whom: _____

Nature of Injury (Include Part(s) of Body Effected): _____

Injury Required (Check One):

First Aide

Out- Patient

Hospitalization

How was the employee injured? (Be specific-include name(s) of object, substance or exposure which directly brought about injury)

Where did the injury occur?

What job duty was the employee performing when injured?

Were there witnesses?

Yes

No

If so, what did witness observe?

Signature(s) of witness: _____

Submit Report to Human Resources
Attention Worker's Compensation
Within 24 Hours of Injury

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

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

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"/> Inadequate Training |
| <input type="checkbox"/> Equipment Poor | <input type="checkbox"/> Inadequate Policy | <input type="checkbox"/> Unsafe Conditions |
| <input type="checkbox"/> Other: _____ | | |

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

By Who: _____ Date Completed: _____

Signature of Employee Conducting Investigation

Date