Injury Investigation Report

<table>
<thead>
<tr>
<th>Injured Employee</th>
<th>Age</th>
<th>Dept.</th>
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<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>Time</th>
<th>Date Reported</th>
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<tbody>
<tr>
<td></td>
<td>AM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td></td>
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<thead>
<tr>
<th>Job Title</th>
<th>Experience (Yrs., Mos.) in Position</th>
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<table>
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<tr>
<th>Sex: M</th>
<th>F</th>
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<tr>
<th>Did Accident Occur</th>
<th>On Premises?</th>
<th>Off?</th>
<th>Length of Employment</th>
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Injury: (Accident Type – i.e. Fall, Lifting, Caught In)

Source – the object or substance inflicting injury:

Nature of Injury:

Part(s) of Body Injured:

Description: (Describe what happened – Who was involved – Where – When – Why – How?)

Cause: (Identify unsafe acts or conditions & contributory factors)

Correction: (Describe steps taken to prevent future accidents)

Supervisor Signature: ___________________________ Date: ________________

Employee Signature: ___________________________ Date: ________________

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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## Lifting & Transfer Analysis

1. Injury involved a:  
   - [ ] Resident  
   - [ ] Object  
   (If Object, proceed to Question 4)

2. Was P.O.C. being followed?  
   - [ ] Yes  
   - [ ] No  

   Plan Indicates:  
   - [ ] Total Assist Lift  
   - [ ] Sit/Stand Lift  
   - [ ] Gait Belt  
   - [ ] 2 Person Transfer  
   - [ ] 1 Person Transfer  
   - [ ] Independent

Describe techniques being performed during transfer: ____________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Was proper technique performed? ___________________________________________________________________________________________  
__________________________________________________________________________
__________________________________________________________________________

3. Safety devices used (i.e. Gait Belt, Proper Equipment)?  
   - [ ] Yes  
   - [ ] No

Please proceed to Question 11.

### For injuries from lifting objects:

4. What was being handled? __________________________________________________________________________________________  
5. How much did it weigh? __________________________________________________________________________________________  
   - [ ] Yes  
   - [ ] No  
   How high was the lift? __________________________________________________________________________________________

6. Did the employee slip while lifting?  
   - [ ] Yes  
   - [ ] No

7. Did the employee twist while lifting?  
   - [ ] Yes  
   - [ ] No

8. How frequently is this task done? __________________________________________________________________________________

9. Were there any abnormal working conditions at the location of the accident (i.e. wet floors, material on floors, etc.)?  
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

10. Could the work have been staged better? _____________________________________________________________________________  
   ____________________________________________________________________________

### For All Injuries:

11. Has the employee had previous injuries or other material handling or transfer injuries?  
   - [ ] Yes  
   - [ ] No

If yes, please explain: __________________________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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Circle or mark the body parts that were affected as a result of the injury.