

Injury Investigation Report Form

<http://www.ehs.ufl.edu/>

Supervisors are required by University of Florida Environmental Health & Safety and Florida Statute to investigate all employee injuries. Compliance is met by the submission of the Injury Investigation Report form to EH&S. Please review the below information on how to complete the form and submit.

Instructions:

1. All sections must be completed and the form signed.
 - Employee Information and Injury Description
 - Root cause factors
 - Prevention
 - Signatures
2. Submit the form to EH&S by scanning and emailing to ehs.rmfx@connect.ufl.edu
3. Maintain a copy for your departmental records.

Injury and Incident Investigation Report

This report is to be completed by the supervisor with the assistance of the affected employee. **Answer All Questions**

Employee Name	Date of Accident
Department	Work Phone #
Nature of Injury/Exposure	
Description of Event: What was employee doing at the time of the incident? What happened or what work conditions contributed (e.g. Wearing PPE, Following procedures, Communication, or Focus or Awareness of potential safety issues or hazards.)?	

Factors that contributed to incident/injury – Must complete Hazard section and then Check all that apply.

Hazard

- Not recognized/identified
- Identified but not addressed
- Inadequate repair
- Other _____

Work Procedures

- None developed
- Not followed
- Partially followed
- Not understood
- Not appropriate
- Not communicated
- Other _____

Training & Certification

- Insufficient training
- Circumstances not covered
- Ineffective training
- Worker not authorized
- Outdated Training

Communication

- Breakdown in verbal communication
- Breakdown in written communication
- Confusion after communication
- Other _____

Other

- Weather/temperature
- Extended work hours
- Worker fatigue
- Physical overexertion
- Work in elevated area
- Chemical Use
- Biological agent
- Radiation
- Electricity
- Mechanical
- Animals

Facilities/Equipment

- Personal protective equipment (See below)
- Faulty equipment
- Poor/inadequate maintenance
- Inappropriate use
- Missing guards
- Obsolete/antiquated equipment
- Inadequate design
- Ergonomic factors
- Equipment failure
- Trip hazard
- Slip hazard
- Struck by
- Other _____

PPE Requirements

	Req.	Used	Type
Eye			_____
Face			_____
Hearing			_____
Skin/Glove			_____
Foot			_____
Other			_____

Prevention – Describe all corrective actions taken to prevent recurrence (e.g. initiated work order for sidewalk repair, retrained workers on use of eye protection, or discussed with employee the expected safety policies, practices, equipment.)

Action: _____

Person responsible: _____ Expected Completion Date _____

Action: _____

Person responsible: _____ Expected Completion Date _____

Supervisor Name _____ Title _____ Phone _____

Signature _____ Date _____ Email _____

Employee Name _____ Title _____ Phone _____

Signature (if available) _____ Date _____ Email _____

Dept. Chair/Director Name _____ Signature _____