

<b>CITY OF NEW LONDON</b>		
<b>Employee Injury/Illness Reporting and Investigation Policy</b>		
<b>Issue Date:</b> December 13, 2011	<b>Revision Update(s):</b>	<b>Total Pages:</b> 1
<b>Policy Source:</b> Cities and Villages Mutual Insurance Company		
<b>Special Instructions:</b>		

## **I. PURPOSE**

The purpose of this policy is to outline the procedures, methods and techniques used to report and investigate employee injuries and illnesses occurring in the City, identify the root causes of injury or illness, and help prevent future occurrences.

## **II. RESPONSIBILITIES**

Departments shall be responsible for:

1. Overseeing the overall employee injury or illness reporting and investigation process
2. Communicating and supporting needs resulting from the investigation process
3. Participating in the investigation process
4. Assisting in budgeting and implementation of any corrective actions recommended from the investigation process

Supervisors shall be responsible for:

1. Supporting the employee injury or illness reporting and investigation process.
2. Participating in the investigation process
3. Assisting in the implementation of any corrective actions recommended from the investigation process

Employees shall be responsible for:

1. Promptly reporting work-related injuries or illnesses as required by this policy
2. Participating in the investigation process
3. Assisting in the implementation of any corrective actions recommended from the investigation process

## **III. REPORTING EMPLOYEE INJURIES AND ILLNESSES**

The following procedures for reporting employee injuries or illnesses will be followed by all City employees, including full-time, part-time, temporary, and seasonal. Failure to appropriately report injuries or illnesses as outlined in this policy may result in disciplinary action up to and including termination. Additionally, knowingly reporting incidents, injuries, or illnesses that are not resulting from the course and scope of your employment with the City is prohibited and may result in disciplinary action up to and including termination. Lastly, disciplinary action may be further warranted depending on the circumstances of the incident and the employees work history ( e.g., failure to follow safety rules/policies etc.).

## *Employee Injury/Illness Reporting*

Any employee who sustains a bodily injury or illness as a result of their employment with the City is to report it to their immediate supervisor as soon as possible, but no later than within 24- hours of the incident, injury, or onset of symptoms. The employee will be responsible to report the incident, injury, or illness by completing and signing an *Employee Injury or Illness Report Form* (see Appendix A) in its entirety and return it within 24 hours to their supervisor. Supervisors are responsible for completing and signing the corresponding Supervisor Investigation of Injury or Illness section for each *Employee Injury or Illness Report Form* (this should be located on the reverse side of the employee injury report). For exposures to blood or other potentially infectious materials refer to the Bloodborne Pathogens Exposure Control Plan.

Once the employee Injury or Illness Report Form is completed, it shall be forwarded to Human Resources within **48 hours** so the required WKC-12 form can be generated and sent to the City's Workers Compensation Insurance carrier.

### Initial steps once an employee injury of illness occurs or is reported:

1. Determine the extent and nature of the injury/illness. See that proper first aid is administered. Activate EMS (911), if necessary. The City in an emergency situation may direct medical care.
2. In case of fatality or serious injury, notify Human Resources Department immediately (920) 982-8500. The worker's compensation insurance carrier should be notified immediately so that the proper reporting to the state can be made.
3. Accompany the employee to a doctor if the employee is unable to drive or call local EMS (920) 531-2030.
4. If not an emergency, send a *Return to Work Form* (see Appendix H) with the employee to the physician, along with a copy of the employee's current job description.
5. Complete *Employee Injury or Illness report form* (see appendix A) and forward as outlined above within 48 hours.
6. Determine the cause of the injury or illness and correct the act/condition to prevent recurrence. The *Employee Injury or Illness Report Form* will aid in finding cause and should outline corrective measure. Replenish the first aid supply after use.
7. Advise Human Resources Dept. when an employee returns to work. Employee must return completed *Return to Work Form* from their physician immediately following the appointment or, if this is not possible, prior to the start of the next work shift.

## **IV. INJURY OR ILLNESS INVESTIGATION**

As soon as practical following any reported injury or illness, and investigation as outlined in this policy will be initiated and completed. Depending on the severity level and type of incident or injury, an exhaustive investigation may be required or a simple review and immediate corrective action. The purpose of the investigations will be to identify the primary root cause(s), identify corrective measures required to eliminate the cause(s), and establish when corrective actions will be taken and by whom.

## V. INVESTIGATION PROCEDURES

The following procedures shall be followed as soon as practical following an incident or report of injury or illness. The procedures below are designed to assist in identifying root causes and developing a corrective action plan. Prior to implementing the procedure below, the scene should be visited, secured and any relevant physical data obtained and documented as soon as practical. Investigation steps can be added to the procedure; however, procedure steps outlined below shall not be removed or omitted and are considered a “minimum.” Whoever is conducting the investigation shall ensure the investigation is “fact-finding” and not “fault-finding.” Fault and blame serve no purpose in an investigation and will negatively impact current and future investigation. Anyone focusing on fault rather than fact during the investigation shall be corrected and re-focused. If behavior continues, removal from the investigative team may be warranted.

### *Employee Injury/Illness Investigation Procedure:*

1. Supervisor or his/her designee for the department shall gather and document the necessary facts of the incident or reported injury/illness using the *Supervisor Investigation of Injury or Illness form* and any other relevant documentation (i.e., employee injury or illness reports, accounts, statements, descriptions, photos, measurement, drawings, manufacturer data, etc.)
2. Supervisor or his/her designee is to question any witnesses to the incident or reported injury of illness and document responses using the *Witness Statement Form (See Appendix C)*.

Be sure to consult with the City Attorney as to proper legal protocol prior to audio or video taping anyone or obtaining signed witness statements. Also, the supervisor or his/her designee should discuss the incident with the impacted employees and/or the relevant safety committee to help correct the factor(s) contributing to the cause of the injury or illness.

3. Supervisor or his/her designee may conduct a *Job Hazard Analysis (JHA)* (see appendix B) to assist in identifying the root causes and potential corrective measures required to prevent future occurrences. A formal JHA should be conducted in any of the following circumstances:
  - a. Resulting injury/illness from the incident was “severe” (i.e., repeated medical treatment and /or surgery)
  - b. A significant portion of employees are exposed to the unsafe act or condition contributing to the cause of the incident or reported injury or illness
  - c. The incident and/or body part involved appear to occur frequently in comparison with other loss experience within your organization and/or industry
  - d. As otherwise required by supervisor and/or Department Head
4. Supervisor or his/her designee for the department shall develop a corrective action plan and timeline for implementation and follow-up. Timeline shall not be longer than six months in duration without authorization from the Department Head. In addition, while corrective action is being taken additional temporary protections may need to be instituted to protect employees.

## VI. WITNESS INTERVIEWING

In general, experienced personnel should conduct interviews. If possible, the individual assigned to this task should have a legal background or be working under the direction of someone as such. If recorded, videotaped or signed witness statements are to be used, seek legal counsel prior to conducting the interview for proper protocol. In conducting interviews, the team should:

1. Get preliminary statements as soon as possible from all witnesses using the *Witness Statement Form (See Appendix C)*.
2. Arrange for a convenient time and place to talk to each witness.
3. Explain the purpose of the investigation (prevention) and put each witness at ease.
4. Listen, let each witness speak freely and be courteous and considerate.
5. Take notes without distracting the witness. Use a tape recorder only with consent of the witness.
6. Use sketches and diagrams to help the witness.
7. Emphasize areas of direct observation. Label hearsay accordingly.
8. Be sincere and do not argue with the witness.
9. Record the exact words used by the witness to describe each observation. Do not “put words into a witness’ mouth.”
10. Word each question carefully and be sure the witness understands.
11. Identify the qualifications of each witness (name, address, occupation, years of experience, etc).
12. Supply each witness with a copy of his or her statements. Signed statements are desirable. After interviewing all witnesses, the team should analyze each witness’ statement. They may wish to re-interview one or more witnesses or confirm or clarify key points. While there may be inconsistencies in witnesses’ statements, investigators should assemble the available testimony into logical order. Analyze this information along with data from the scene.

## VII. INJURY AND ILLNESS TREND ANALYSIS

Reviewing loss runs can serve as an effective investigative tool in establishing trends within departments, among employee groups, for certain job/tasks or for commonly impacted body parts. Conducting a loss analysis can serve as a summary” of incidents or injuries/illnesses not taken individually but collectively as a department, organization, or for a particular job or task. This can help identify broader needs or deficiencies not apparent when examined individually that can be implemented to help prevent future occurrences of injuries and illnesses. Loss trending reports generally can be obtained from your workers’ compensation insurance carrier. A written summary of the analysis should be completed and distributed system wide to department heads with corresponding recommendations. At a minimum, the actual loss run reports will be shared and reviewed with Department Heads. A loss analysis should be conducted **at least annually** by Financial Director.

## VIII. EMPLOYEE TRAINING

Staff that is involved in investigating incidents or reported injuries or illnesses shall be trained. Training may include but is not limited to the contents of this policy, use of proper forms, goals of investigation, “true cost” of loss including direct and indirect costs, accepted

investigation techniques, as well as practical exercises. Employees will minimally need “awareness” level training on the policy and forms while supervisors, managers, and those involved in conducting investigations may need more thorough training as described in this section.

## **IX. INVESTIGATION RECORD RETENTION**

All documentation related to employee injuries or illnesses will be maintained in Human Resources for duration of employment plus 30 years. Loss trend reports as outlined in Section G should be maintained for at least seven years.

## **X. REVIEW COMMITTEE**

To aid in the overall investigation process a Review Committee should be formed. The committee may be part of an already existing safety committee, but will review incidents and employee injury or illness reports on an ongoing basis. Committee may also assist with trend analysis and communication.

## **XI. POLICY REVIEWS**

This policy will be reviewed on an annual basis by Human Resources to ensure that any changes in applicable safety standards, operational procedures, or safe practices that have occurred will be incorporated to ensure compliance.

## **XII. APPENDIX-REFERENCE INFORMATION**

Appendix A	Employee Injury/Illness Report Form
Appendix B	Job Hazard Analysis Form
Appendix C	Witness Statement Form
Appendix D	Incident Causes-Unsafe Acts, Unsafe Conditions, and Job Factors
Appendix E	Key Questions to Ask for Incident Investigation
Appendix F	Controlling the Incident Scene
Appendix G	Investigator’s Checklist
Appendix H	Return to Work Form
Appendix I	Flowchart: Employee Injury/Illness Reporting Process
Appendix J	Flowchart: Employee Injury/Illness Investigation Process

## SUPERVISOR INVESTIGATION OF INJURY/ILLNESS

Employee Name (First, Middle, Last)	Injury Date: Mo/Day/Yr												
<p><i>This form is to be completed by the employee's supervisor or departmental manager. Please provide information that will supplement the employee's report, noting circumstances, which may have contributed to the injury or illness, such as weather conditions, use of protective safety equipment, etc. Be thoughtful and thorough, seeking to identify operations, procedures, use of equipment or modification that could help reduce future incidents.</i></p>													
<p><b>UNSAFE ACT / CONDITION:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;">                 Housekeeping                  Work practices                  Safeguarding devices                  Physical and environmental stresses                  Facility / design                   Other: _____             </td> <td style="width: 50%; vertical-align: top; border: none;">                 Materials / tools                  Hazards not recognized                  Protective equipment                  Exceeding limits (speeds, strengths, etc.)             </td> </tr> </table>		Housekeeping Work practices Safeguarding devices Physical and environmental stresses Facility / design  Other: _____	Materials / tools Hazards not recognized Protective equipment Exceeding limits (speeds, strengths, etc.)										
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<p><b>CONTRIBUTING FACTORS:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;">                 Equipment failure                  Used wrong equipment                  Housekeeping / maintenance                  Procedure factors                  Improper body mechanics (i.e. improper lifting, carrying)                  Slippery or defective floor / work surface                  Knowledge / skills lacking                  Substance abuse                   Other: _____             </td> <td style="width: 50%; vertical-align: top; border: none;">                 Repetitive motion / ergonomic                  Work station / ergonomic                  Failure to use protective equipment / devices                  Safety policy / rule violation                  Unsafe act                  Environmental exposure to toxic substance, noise, etc.                  Horseplay             </td> </tr> </table>		Equipment failure Used wrong equipment Housekeeping / maintenance Procedure factors Improper body mechanics (i.e. improper lifting, carrying) Slippery or defective floor / work surface Knowledge / skills lacking Substance abuse  Other: _____	Repetitive motion / ergonomic Work station / ergonomic Failure to use protective equipment / devices Safety policy / rule violation Unsafe act Environmental exposure to toxic substance, noise, etc. Horseplay										
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<p><b>CORRECTIVE ACTION (Attach additional pages, if necessary):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 55%; padding: 5px;">Action to be Taken to Prevent Recurrence:</th> <th style="width: 20%; padding: 5px;">Responsible Party:</th> <th style="width: 25%; padding: 5px;">Completion Date:</th> </tr> </thead> <tbody> <tr> <td style="height: 40px; vertical-align: top; padding: 5px;">1</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top; padding: 5px;">2</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top; padding: 5px;">3</td> <td></td> <td></td> </tr> </tbody> </table>		Action to be Taken to Prevent Recurrence:	Responsible Party:	Completion Date:	1			2			3		
Action to be Taken to Prevent Recurrence:	Responsible Party:	Completion Date:											
1													
2													
3													
<p>Photos Attached.</p>													
Supervisor Signature:	Date Signed												
Department Manager Signature:	Date Signed												

**CITY OF NEW LONDON EMPLOYEE INJURY/ILLNESS REPORT FORM**

*~ PHYSICIAN MUST REVIEW JOB DESCRIPTION BEFORE RELEASING EMPLOYEE FOR DUTY ~*

Employee Name (First, Middle, Last)		Sex M      F	Employee Home Telephone No. (      )	
Employee Home Street Address		City	State	Zip Code      Occupation
Birth Date	Date of Hire	County and State where incident of exposure occurred		
Injury Date Mo / Day / Yr	Time of Injury <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Last Day Worked Mo / Day / Yr	Normal Work Schedule:	Did you leave work <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Date of Return:
Shift working at time of incident:		Location where injury occurred-be as specific as possible:		
Were you or do you anticipate being treated by a medical professional for this injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Were you hospitalized for this injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and address of medical professional and/or hospital:				
<b>AREA INJURED (SELET ALL THAT APPLY)</b>				
<input type="checkbox"/> Head	<input type="checkbox"/> Elbow - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Ankle - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Eye - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Wrist - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Foot - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Hip - <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Back	<input type="checkbox"/> Hand - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Toe - <input type="checkbox"/> L <input type="checkbox"/> R	<input type="checkbox"/> Leg - <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Chest	<input type="checkbox"/> Finger - <input type="checkbox"/> L <input type="checkbox"/> R	<u>Specify:</u> Thumb	<input type="checkbox"/> Knee - <input type="checkbox"/> L <input type="checkbox"/> R	
<input type="checkbox"/> Abdomen	<u>Specify:</u> Thumb	Index            Middle		
<input type="checkbox"/> Shoulder - <input type="checkbox"/> L <input type="checkbox"/> R	Index            Middle	Ring             Pinkie		
<input type="checkbox"/> Arm - <input type="checkbox"/> L <input type="checkbox"/> R	Ring             Pinkie		<input type="checkbox"/> Other – Explain:	
<b>TYPE OF INJURY (SELECT ALL THAT APPLY)</b>				
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Concussion	<input type="checkbox"/> Infection	<input type="checkbox"/> Respiratory	
<input type="checkbox"/> Amputation	<input type="checkbox"/> Cut / Laceration	<input type="checkbox"/> Pain	<input type="checkbox"/> Strain / Sprain	
<input type="checkbox"/> Bite	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Puncture	<input type="checkbox"/> Other – Explain:	
<input type="checkbox"/> Bruise	<input type="checkbox"/> Fracture	<input type="checkbox"/> Rash / Dermatitis		
<input type="checkbox"/> Burn	<input type="checkbox"/> Hearing Impaired			
<b>Employee Account of Injury:</b> (Use back of page if necessary) Describe your activities when injury or illness occurred and what tools, machinery, objects, chemicals, etc. were involved.				
What happened to cause this injury or illness? (Describe how the injury occurred).				
Describe your injury or illness. (State the part of body affected and how it was affected).				
In your opinion, list the ways a similar occurrence could be prevented in the future. (e.g. equipment, training, procedures, etc.)				
Additional Page(s) attached.				
Witness(es)-Names of all employees and non-employees who witnessed your injury or illness. (Use additional page if necessary).				
Employee Signature:		Date Signed		
Supervisor Signature:		Date Signed		

*Please return this form to HR and any medical slips/bills. Also, notify HR of any lost time.*

JOB HAZARD ANALYSIS (JHA) FORM

<b>JOB HAZARD ANALYSIS</b>	JOB TITLE/TASK TO BE EVALUATED:		DATE:
	Page    of	NEW JHA REVISED JHA	SUPERVISOR:  ANALYSIS PERFORMED BY:
<b>CITY OF NEW LONDON</b>	LOCATION:	DEPARTMENT:	REVIEWED BY:
SEQUENCE OF BASIC JOB STEPS	POTENTIAL ASSOCIATED HAZARDS	RECOMMENDED CORRECTIVE ACTION OR PROCEDURE	



## Incident Causes

### Unsafe Acts, Unsafe Conditions, and Job Factors

Employee Unsafe Acts	Policies and Procedures-Job Factors
<ul style="list-style-type: none"> <li>• Serviced equipment in motion</li> <li>• Made safety devices inoperative</li> <li>• Working at an unsafe speed</li> <li>• Taking an unsafe position or posture</li> <li>• Unsafe placing, mixing or combining</li> <li>• Improper use of equipment or tools</li> <li>• Failure to wear appropriate PPE</li> <li>• Failed to recognize the hazard</li> <li>• Horseplay involved</li> <li>• Was fatigued</li> <li>• Other personal factors involved</li> <li>• Failed to follow established rules or procedure</li> <li>• Unaware of safety rules or correct work procedure</li> <li>• Unaware of where to obtain appropriate equipment, tools, or materials</li> <li>• Inadequate or inappropriate dress or apparel</li> <li>• Improper lifting</li> <li>• Improper loading or placement</li> </ul>	<ul style="list-style-type: none"> <li>• No policy, procedure or safety rule</li> <li>• Policy procedure of safety rules not adequately understood</li> <li>• Outdated policy / procedure / safety rules</li> <li>• Lack of enforcement</li> <li>• Task in job procedure too difficult to perform</li> <li>• Job structured to encourage deviation from job procedures or rules</li> <li>• No equipment inspection procedure to detect hazard</li> </ul>
Equipment, Materials and Tools-Unsafe Conditions	Management & Supervision-Job Factors
<ul style="list-style-type: none"> <li>• Inadequate guarding</li> <li>• Defective equipment, tools or material</li> <li>• Correct equipment, tools or materials not available</li> <li>• Faulty equipment / tool design</li> <li>• Location / position of equipment / materials / employee contributed to the hazardous condition</li> </ul>	<ul style="list-style-type: none"> <li>• No procedures in place to detect hazard</li> <li>• Supervisor not available to answer questions</li> <li>• Supervisory responsibility and accountability not defined or understood</li> <li>• Supervisor not adequately trained in accident prevention</li> <li>• Failure to enforce policy, procedure, or rules</li> <li>• Failure to take corrective action on a known hazardous condition</li> <li>• No safety training for employees provided</li> <li>• Inadequate safety training provided</li> <li>• No training on new procedures or equipment</li> <li>• No employee orientation program</li> <li>• Use of PPE not enforced</li> <li>• Appropriate PPE not provided</li> </ul>
Environmental Conditions-Unsafe conditions	Identifying Casual Factors
<ul style="list-style-type: none"> <li>• Fire / explosion hazard</li> <li>• Poor housekeeping</li> <li>• Protruding objects</li> <li>• Congestion</li> <li>• Atmospheric condition</li> <li>• Lack of warning systems</li> <li>• Unsafe design or layout</li> <li>• Poor illumination</li> <li>• Excessive noise</li> <li>• Environmental hazards-weather, visibility, terrain</li> <li>• Inadequate ventilation</li> </ul>	<ul style="list-style-type: none"> <li>• Review all the facts relating to the accident</li> <li>• Write down all casual factors that might have led to the accident</li> <li>• Review the causal analysis form</li> <li>• Group causes</li> <li>• Determine which causes contributed to the accident</li> <li>• Begin to develop corrective action recommendation</li> </ul>

KEY QUESTION TO ASK FOR INCIDENT INVESTIGATION

**WHO....**

Was injured?  
Saw the incident?  
Was working with them?  
Had instructed, trained, assigned?  
Else was involved?

Can help prevent recurrence?

**WHAT....**

Was the incident?  
Was the injury?  
Machine was involved?  
Were they told to do?  
Tools were being used?  
Was being done at the time of the incident?  
Operations were being performed?  
Instructions had been given?  
Precautions were necessary?  
Protective equipment should be used?  
Protective equipment was used?  
Did others do to contribute to the incident?  
Problem or question was encountered?  
Did employee or others do after the Incident?  
Did witnesses see?  
Will be done to prevent recurrence?  
Safety rules were violated?  
Safety rules were lacking?  
Safety rules or procedures are needed?

**WHY....**

Was the employee injured?  
Did the employee behave that way?  
Did other persons behave that way?  
Wasn't personal protective equipment used?  
Weren't specific instruction given to the employee?  
Was the employee in that position/place?  
Was the employee using that tool equipment/machine?  
Didn't the employee check with the supervisor?  
Did the employee continue working under those circumstances?  
Was the employee allowed to continue to work?

**HOW....**

Was the employee injured?  
Could the incident have been avoided?  
Could co-workers avoid similar incidents?  
Could supervision have prevented it?

**WHERE....**

Did the incident occur?  
Was employee at the time of the incident?  
Were co-workers at the time of the incident?  
Were other persons involved at the time?  
Were witnesses when incident occurred?  
Else does this condition exist?

**WHEN...**

Did the incident occur?  
Did employee begin the task?  
Was the employee assigned to the task?  
Were hazards pointed out to employee?  
Did supervisor last check employee's progress?  
Did employee notice something was wrong?

## CONTROLLING THE INCIDENT SCENE

**Send** for help

**See** that the area is safe - administer first aid if needed

**Stop** ongoing hazards

Shut off electrical power

Check air quality

Issue personal protective equipment

Bleed or isolate pressurized systems

Block mechanical equipment - prevent movement

Provide emergency lighting, power, air, etc.

**Secure** the scene and protect evidence

Rope off area or station a guard

## COLLECT EVIDENCE

**Identify** transient evidence...take notes, pictures, and sketches

Position tools, equipment, layout, etc.

Collect operating logs, charts, records

Put dimensions on all sketches

Note air quality, things that evaporate or melt

Tire tracks, footprints, loose materials on the floor

Get ID# of the equipment and maintenance records

## GET THINGS BACK TO NORMAL

**Interview witnesses** - not just those that saw the event - include first people on the scene, people who talked or worked with individual prior to incident, others who do the same job task.

### Do

- + Interview as soon as possible
- + Interview at the accident scene
- + Take notes
- + Put the witness at ease
- + Ask open-ended questions
- + Repeat the story back to the witness
- + End the interview on a positive note

### Don't

- Pressure the witness
- Blame the witness for the incident
- Interrupt an answer
- Ask "opinion" questions
- Ask "yes" or "no" questions

### Always

- + Stress that you only want the facts
- + Stress that you want to prevent another incident
- + Take the time to get understanding
- + Write down the accident story
- + List the facts and disputed items
- + Compare the facts and disputed items with the physical evidence to establish the best answer

# INVESTIGATOR'S CHECKLIST

Time \_\_\_\_\_AM/PM

Date \_\_\_/\_\_\_/\_\_\_\_\_

## A. Arrival

- \_\_\_ Make visual check to see if scene is properly protected against further injury or situations  
    Call Police if necessary.
- \_\_\_ Attend to injured.

## B. Gather Evidence and Document Scene

- \_\_\_ Pictures taken and evidence preserved?
- \_\_\_ Is point of impact clearly noted?
- \_\_\_ Note any property damage.
- \_\_\_ Parties involved - vehicles, make, model, license number, vehicle occupants, addresses, employer?
- \_\_\_ Time of incident, exact location?
- \_\_\_ Location and cross streets.
- \_\_\_ Is your employee isolated from others? Do not allow them to discuss incident.
- \_\_\_ Witnesses names and addresses.
- \_\_\_ Make measurements of all physical facts, including length and location of skid marks, And fixed objects
- \_\_\_ Make a sketch of scene.
- \_\_\_ Have Police issued citations?
- \_\_\_ Police investigators badge numbers, city, state, etc?

## C. Analysis

When did it happen?

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Where did it happen?

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Why did it happen?

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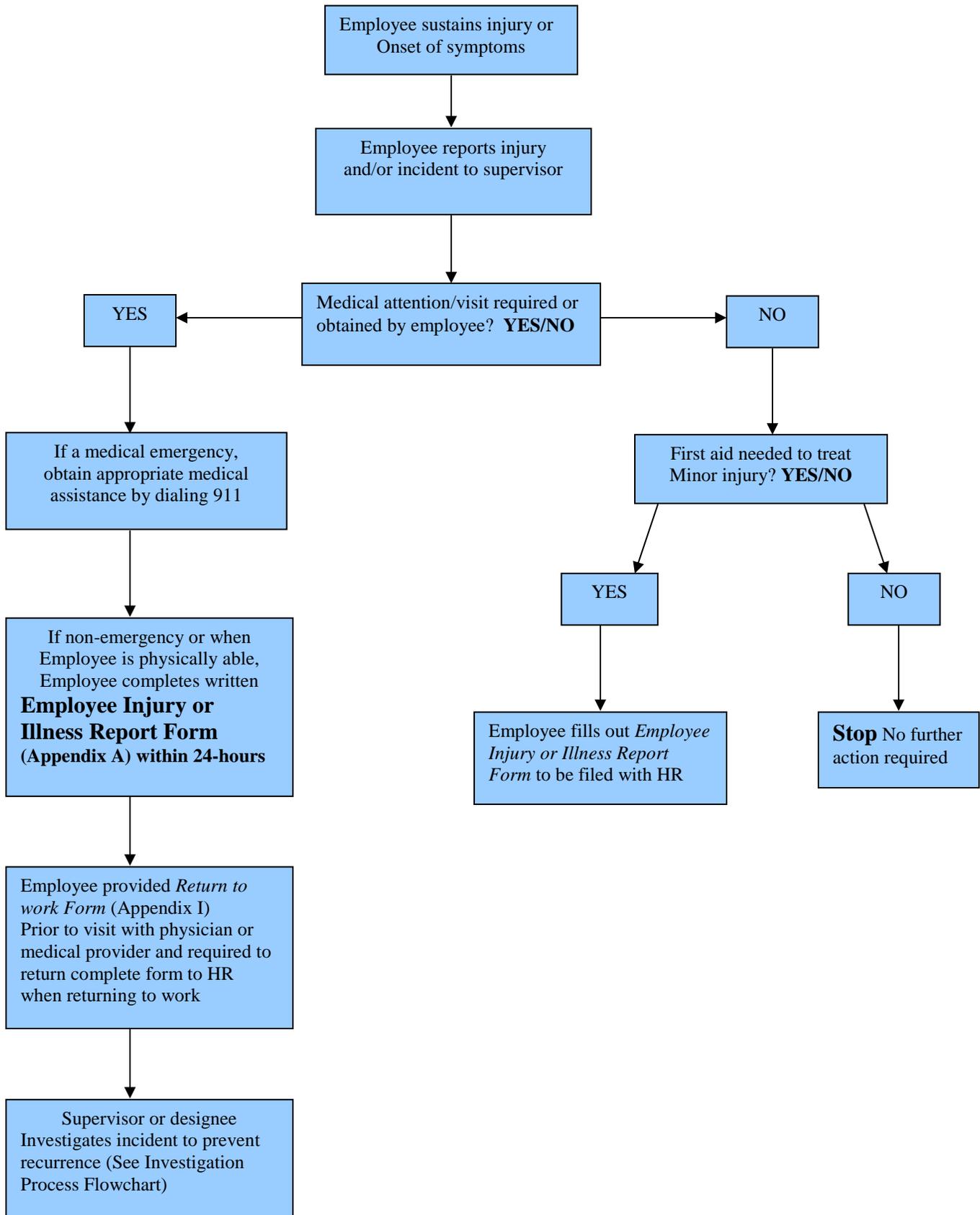
What caused it to happen?

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## EMPLOYEE INJURY/ILLNESS REPORTING PROCESS



**EMPLOYEE INJURY/ILLNESS INVESTIGATION PROCESS**