WORKERS' COMPENSATION INCIDENT INVESTIGATION REPORT

Check box: ☐ INJURY ☐ ILLNESS ☐ NEAR MISS

Email completed form to **tnwclaims@tnwinc.com** or fax to 800-748-6159.

A. EMPLOYEE INFORMATION: ALL FIELDS REQUIRED

NAME	M/F	DOB	COMPLETE SSN	JOB TITLE/CLASSIFICATION

EMPLOYEE ID NUMBER	Full-time ☐	Temp ☐	Seasonal ☐	DATE OF INCIDENT	DATE OF HIRE	TIME WORKDAY BEGAN	TIME OF INCIDENT a.m. / p.m.

AGENCY #	DEPT	OVERTIME? Y N	SHIFT? 1 2 3	HAS EMPLOYEE LOST TIME FROM WORK? ☐ Yes ☐ No	HAS EMPLOYEE RETURNED TO WORK? ☐ Yes ☐ No If yes, what date?

AVERAGE WEEKLY WAGE	AT TIME OF INCIDENT THE EMPLOYEE WAS: ☐ on break ☐ on lunch ☐ arriving/leaving work for the day ☐ performing the following task or tasks:

HOME ADDRESS	HOME/CELL PHONE(S) & EMAIL	SUPERVISOR NAME, PHONE & EMAIL

B. INCIDENT DETAILS

Is there any reason to question how this incident occurred? ☐Yes ☐No	EXPLAIN
LOCATION/ADDRESS OF INCIDENT	DESCRIBE WHAT HAPPENED

C. WAS MEDICAL TREATMENT REQUIRED? ☐ Yes ☐ No

1. If yes, what type of treatment and where was it received?
2. Is there a follow-up appointment and if so, when is it?
3. Was employee put on restricted duty?
4. Can restricted duty be accomodated?

D. PART OF BODY INVOLVED (specify: left, right, upper, lower, etc.)

E. TYPE OF INCIDENT

☐ Caught on or in	☐ Ingestion	☐ Inhalation	☐ Fall – same level	☐ Bitten
☐ Overexertion	☐ Electrical	☐ Chemical – skin	☐ Fall – different level	☐ Lifting
☐ Struck by/against	☐ Slip or trip	☐ Explosion	☐ Heat/cold exposure	☐ Cut
☐ Auto accident	☐ Cumulative injury	☐ Puncture	☐ Other ___________	

F. WITNESS TO INJURY (attach witness statement to Page 2)

NAME #1	PHONE	NAME #2	PHONE

G. FORM COMPLETED BY & WHEN INJURY REPORTED TO AGENCY

PRINT NAME	PHONE	DATE REPORTED
PRINT TITLE	EMAIL	TIME REPORTED a.m. / p.m.

REQUIRED – may send separately from Page 1

H. SUPERVISOR'S INVESTIGATION OF INCIDENT

What happened? (specify: include height, weight, repetitions, dimensions, lighting, etc.)

I. WHY DID IT HAPPEN?

ROOT CAUSE #1: ROOT CAUSE #2: ROOT CAUSE #3:

J. WHAT CORRECTIVE ACTION IS BEING TAKEN TO ELIMINATE POTENTIAL FOR FURTHER INJURY OR ILLNESS?

What specifically is being done? How are we addressing root causes, behavior, hazards, training?

K. DISCIPLINARY ACTION TAKEN: ☐ **Yes** ☐ **No**

Describe

L. FALL FROM DIFFERENT LEVEL INFORMATION

Height	Was a ladder involved? Describe

M. CAUSE OF INCIDENT – UNSAFE ACT BY: ☐ **INJURED PERSON –or–** ☐ **OTHER PERSON (NAME):**

☐ Failure to warn or signal	☐ Working/reaching moving equipment	☐ Overloading equipment or containers
☐ Making safety devise inoperative	☐ Failure to shut off or lockout	☐ Wearing unsafe attire, jewelry etc.
☐ Not observing where walking or driving	☐ Moving objects too heavy	☐ Disregard instructions
☐ Operating at unsafe speed	☐ Not wearing PPE	☐ Horseplay
☐ Operating without safety device	☐ Operating without authority	☐ Lack of training
☐ Taking unsafe position	☐ Using unsafe tools or equipment	☐ No unsafe act
☐ Negligence	☐ Employee misconduct	☐ Other___________________________

N. CAUSE OF INCIDENT – UNSAFE CONDITION

☐ Hazardous arrangement	☐ Poor housekeeping	☐ Wet/slippery/icy floor or ground
☐ Insufficient lighting	☐ Unsafe design	☐ Other ___________________________
☐ Insufficient guarding	☐ Ergonomic deficiency	☐ Other ___________________________
☐ Faulty machine or equipment	☐ Hazardous work method	☐ Other ___________________________
☐ Insufficient ventilation	☐ Poor air quality	☐ Other ___________________________

O. CAUSE INFORMATION

YES	NO	
1.☐	☐	Was employee doing their regularly assigned job? If no, explain below.
2.☐	☐	Did you (supervisor) provide proper instruction on how to do the job safely? If no, explain below.
3.☐	☐	Was employee doing this job as you had instructed? If no, explain below.
4.☐	☐	Was proper equipment provided? If no, explain below.
5.☐	☐	Was the employee using the equipment? Using it properly? If no, explain below.
6.☐	☐	Have you had similar incidents with this or other equipment in your area? If yes, explain below.
Additional comments		

P. SAFETY INVESTIGATION AND FOLLOW-UP

YES	NO	
☐	☐	Was the investigation thorough?
☐	☐	Was corrective action taken?
☐	☐	Did the supervisor make every attempt to help eliminate the unsafe act or hazard?
☐	☐	Did the employee make every attempt to help eliminate the unsafe act of hazard?
Explanation and recommendations		

Q. INVESTIGATION COMPLETED BY

Print name/title	Phone/email	Date