Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCBS Form 801: *Worker’s and Employer’s Report of Occupational Injury or Disease*.)

### Employee portion

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee name: | | | | | |  | | | | | Employee work phone: | | | | | |  | |
| Work unit: |  | | | | | | | | | | Work section: | | | |  | | | |
| Supervisor name: | |  | | | | | | | | | Supervisor work phone: | | | | | |  | |
| Length of service in present position:  Less than 6 months  6 months-1 year  1-2 years  2-3 years 3-5 years  More than 5 years | | | | | | | | | | | | | | | | | | |
| Exact location of accident/incident: | | | | | | | | |  | | | | | | | | | |
| Accident/incident date: | | | |  | | | | | | | Time: | |  | | | | | a.m.  p.m. |
| Witnesses | | | | | Name: | | |  | | | | | | Phone: | |  | | |
| ( check if no witness) | | | | | Name: | | |  | | | | | | Phone: | |  | | |
| Body part affected  Neck  Shoulder(s)  Elbow(s)  Wrist(s)/hand(s)  (check all that apply)  Thigh(s)  Lower leg(s)  Ankle(s)/foot(feet)  Knee  Hip  Upper back  Lower back  Chest/abdomen | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | |  | | | | | | | | | | | |
| Task that led to the incident:  Driving  Lifting  Carrying  Pushing/pulling  Keyboarding  Climbing  Reaching  Handling  Bending  Twisting | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | |  | | | | | | | | |
| Describe accident/incident in detail (use additional sheets if necessary): | | | | | | | | | | | | | | | | | | |
| Employee signature: | | |  | | | | | | | | Date: |  | | | | | | |

### Supervisor portion

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reported to: |  | | Date: |  | | | Time: |  | a.m.  p.m. |
| Supervisor’s description of incident (what happened and why): | | | | | | | | | |
| Corrective action: | | | | | | | | | |
| Employee signature: | |  | | | Date: |  | | | |