Incident Investigation Report

Tell us about the incident or injury right away by calling Omaha National at 844-761-8400 even if some spaces on this form are blank.

Today's Date ____________________

Type of Incident ☐ Death ☐ Lost Time ☐ Medical Only ☐ First Aid ☐ Property Damage ☐ Report Only / Near Miss

Date of Incident ____________________

Time of Incident ____________________ ☐ AM ☐ PM

Date Reported ____________________

Reported To ____________________

Injured Worker

Name ____________________

Department ____________________

Job Title ____________________

Supervisor ____________________

Work Schedule ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Start Shift ____________________ ☐ AM ☐ PM

End Shift ____________________ ☐ AM ☐ PM

Length in Position ____________________

Sex ☐ Male ☐ Female

Date of Birth ____________________

Date of Hire ____________________

Employee Type ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary

Home Address ____________________

City, State, & Zip ____________________

Phone Number ____________________

Wages / Salary ____________________

Incident or Injury

Where incident occurred ____________________

Phase of workday ☐ During Break Period ☐ During Meal Period ☐ Working Overtime ☐ Entering or Leaving ☐ Performing Work Duties ☐ Other (Explain):

Description of incident (what the employee was doing and what happened):

Machines, materials, tools, or equipment used, handled, or involved:

Type of injury and body parts affected:

Witness(es) ☐ Yes ☐ No

Name ____________________ Phone Number ____________________

Name ____________________ Phone Number ____________________

Name ____________________ Phone Number ____________________

Medical Treatment and Work Status

First Aid Provided ☐ No ☐ Yes Describe ______________________

Missed Time ☐ No ☐ Yes List Day(s) ______________________

Returned to Work ☐ No ☐ Yes Date ______________________

Emergency Care ☐ No ☐ Yes

Work Status ☐ Off Work ☐ Light Duty ☐ Regular Duty

Physician Name ______________________

Address ______________________

City, State, & Zip ______________________

Phone Number ______________________

Hospital Name ______________________

Address ______________________

City, State, & Zip ______________________

Phone Number ______________________

Contributing Factors

Unsafe Workplace Conditions: (Check All That Apply)

- ☐ Inadequate Guard
- ☐ Unguarded Hazard
- ☐ Safety Device Is Defective
- ☐ Tool or Equipment Defective
- ☐ Workstation Layout Is Hazardous
- ☐ Unsafe Lighting
- ☐ Unsafe Ventilation
- ☐ Lack of Needed Personal Protective Equipment
- ☐ Lack of Appropriate Equipment / Tools
- ☐ Unsafe Clothing
- ☐ No Training or Insufficient Training
- ☐ Other: ______________________

Unsafe Acts by People: (Check All That Apply)

- ☐ Operating Without Permission
- ☐ Operating at Unsafe Speed
- ☐ Servicing Equipment That Has Power to It
- ☐ Making A Safety Device Inoperative
- ☐ Using Defective Equipment
- ☐ Using Equipment in An Unapproved Way
- ☐ Unsafe / Improper Lifting
- ☐ Taking an Unsafe Position or Posture
- ☐ Distraction, Teasing, Horseplay
- ☐ Failure to Wear Personal Protective Equipment
- ☐ Failure to Use the Available Equipment / Tools
- ☐ Other: ______________________

Describe why the unsafe conditions exist:
Describe why the unsafe acts occurred:

Preventive Measures

- ☐ Improve Enforcement
- ☐ Improve Storage / Arrangement
- ☐ Identify / Improve Personal Protective Equipment
- ☐ Task Analysis / Procedure Revision
- ☐ Use Other Materials / Supplies
- ☐ Improve Ventilation
- ☐ Improve/Change Work Method
- ☐ Improve Clean-Up Procedures
- ☐ Rotation of Employee
- ☐ Install / Revise Guards / Devices
- ☐ Improve Design/Construction
- ☐ Improve Illumination
- ☐ Reinstruction of Employees
- ☐ Other: ______________________
- ☐ Repair / Replace Equipment
- ☐ Eliminate Congestion
- ☐ Task Analysis to Be Completed
- ☐ Job Reassignment of Employees
- ☐ Mandatory Pre-Job Instructions
- ☐ Corrective Counseling

Completed By ______________________ Date of Completion ______________________

Signature ______________________ Title ______________________