



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 _____ Date of Incident _____
 Death Lost Time Medical Only
Time of Incident _____ AM PM
Type of Incident First Aid Property Damage
 Report Only / Near Miss
Date Reported _____
Reported To _____

Injured Worker

Name _____ Sex Male Female
Department _____ Date of Birth _____
Job Title _____ Date of Hire _____
Supervisor _____ Employee Type Full Time Part Time
Work Schedule Mon Tue Wed Thurs
 Fri Sat Sun Seasonal Temporary
Start Shift _____ AM PM Home Address _____
End Shift _____ AM PM City, State, & Zip _____
Length in Position _____ 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 _____ Hospital Name _____
Address _____ Address _____
City, State, & Zip _____ City, State, & Zip _____
Phone Number _____ 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

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

Fax the completed form to us at 844-761-8402 or email it to claims@omahanational.com.

Completed By _____ Date of Completion _____
Signature _____ Title _____