



# 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  
 Type of Incident  First Aid  Property Damage  
 Report Only / Near Miss  
 Time of Incident \_\_\_\_\_  AM  PM  
 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

- 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

Fax the completed form to us at 844-761-8402 or email it to [claims@omahanational.com](mailto:claims@omahanational.com).

Completed By \_\_\_\_\_ Date of Completion \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_