LandrumHR

Injury & Incident Reporting and Investigation Form

Form should be completed by Supervisor & Injured Worker and returned to Landrum within 7 days as per OSHA

Immediately report injuries to 850-476-5100 and send form to Fax 850-478-4088 or wcclaims@landrumhr.com. Keep a copy for your records.

INJURED WORKER

Case #:

Injured Worker's Full Name:	Worker's Job Title:	Injured Worker's Address & Phone #:	Date of Hire:	☐Male ☐Female	Date of Birth:

Date of Incident: (mo/day/yr)	Time of Incident: ☐a.m. ☐p.m.	Date of Report: (mo/day/yr)	Time Employee Began Work:____ A.M. ____ P.M.	Where did the event occur?

What was the Injury/Illness and the body part(s) injured?	***Fatality: ☐Yes ☐No Date:___/___/_____	Name & Address of Treating Dr. / Facility:

Treatment: ☐ Employee Does NOT Elect Medical Treatment at this time ☐ On Site ☐ Urgent Care ☐ Emergency Room ☐ Admitted to Hospital***

WITNESSES AND/OR WITNESS STATEMENT

Witnesses Name and Contact Information (Phone #):	Witness statement attached? ☐Yes ☐No

THE INCIDENT (Use Back of Sheet if Needed, and Reference Below)

Describe what happened. (Investigate scene of incident or conditions. Describe events prior to incident, who was involved, when and where the incident happened, what happened, and how.)

What was the employee doing just before the incident occurred? *(Describe the activity and how employee was hurt.)*	**What object or substance directly harmed the employee?** *(ex: concrete floor, chlorine, radial arm saw)*

SUPERVISOR CONTACT INFORMATION

Reporting Supervisor/Investigator Name:	**Title:**	**Client/Company Name:**

Why did it happen? (Root Cause Analysis) (What was the root cause of the incident, i.e., actually caused the illness, injury, or incident?)

Unsafe Acts	**Unsafe Conditions**	**Management System Deficiencies**
☐Improper Work Technique	☐Poor Workstation Design or Layout	☐Lack of Written Procedures or Safety Rules
☐Improper PPE, Not Used or Used Incorrectly	☐Fire or Explosion Hazard	☐Safety Rules Not Enforced
☐Safety Rule Violation	☐Congested Work Area	☐Hazards Not Identified
☐Operating Without Authorization	☐Hazardous Substances	☐PPE Unavailable
☐Failure to Warn or Secure	☐Inadequate Ventilation	☐Insufficient Worker Training
☐Operating at Improper Speeds	☐Improper Material Storage	☐Insufficient Supervisor Training
☐By-Passing Safety Devices	☐Improper Tool or Equipment	☐Improper Maintenance
☐Guards Not Used	☐Insufficient Job Knowledge	☐Inadequate Supervision
☐Improper Loading or Placement	☐Slippery Conditions	☐Insufficient Job Planning
☐Improper Lifting	☐Poor Housekeeping	☐Inadequate Hiring Practices
☐Servicing or Adjusting Machinery in Motion	☐Excessive Noise	☐Poor Process Design
☐Horseplay	☐Inadequate Guarding of Hazards	☐Inadequate Workplace Inspections
☐Drug or Alcohol Use	☐Defective Tools/Equipment	☐Inadequate Equipment
☐Unsafe Act(s) of Others	☐Insufficient Lighting	☐Unsafe Design or Construction
☐Unnecessary Haste	☐Inadequate Fall Protection	☐Unrealistic Scheduling
☐Other:	☐Other:	☐Other:

What should be done or has been done to prevent a recurrence of this injury?

***OSHA requires you, the worksite employer, to report to OSHA at 1-800-321-6742 or www.osha.gov/report.html the following: Fatalities within 8 hrs; Amputations, loss of eye, & in-patient hospitalizations within 24 hrs. Contact Landrum immediately for any of these conditions.

Signature of Supervisor	**Print Name & Title**	**Date**
Signature of Injured Worker	**Print Name & Title**	**Date**