State of Oklahoma

WORKERS' COMPENSATION INCIDENT INVESTIGATION REPORT

Check Box: ☐ INJURY ☐ ILLNESS ☐ NEAR MISS

Email completed form to: WorkComp@omes.ok.gov or fax to: 405-522-4442

A. EMPLOYEE INFORMATION: ALL FIELDS REQUIRED

EMPLOYEE'S NAME			M/F	DOB	COMPLETE SSN	JOB TITLE/CLASSIFICATION	
EMPLOYEE ID NUMBER	FT ☐	Temp ☐	Seasonal ☐	DATE OF INCIDENT	DATE OF HIRE	TIME WORK DAY BEGINS	TIME OF INCIDENT (AM / PM)
AGENCY #	DEPT	OVERTIME? ☐ Y ☐ N	SHIFT ☐ 1 ☐ 2 ☐ 3	LOST TIME FROM WORK? ☐ Yes ☐ No	EMPLOYEE RETURNED TO WORK? ☐ Yes ☐ No If yes, what date?		
AVERAGE WEEKLY WAGE	AT THE TIME OF THE INCIDENT THE EMPLOYEE WAS: ☐ on break ☐ on lunch ☐ arriving/leaving work for the day ☐ performing the following task or tasks:						
EMPLOYEE'S HOME ADDRESS			EMPLOYEE'S PHONE # Home & Cell & EMAIL		SUPERVISOR'S NAME, PHONE # & EMAIL		

B. INCIDENT DETAILS: Is there any reason to question how this incident occurred? ☐ Yes ☐ No Explain:

LOCATION/ADDRESS (where injury occurred):	DESCRIBE WHAT HAPPENED:

C. WAS MEDICAL TREATMENT REQUIRED? ☐ Yes ☐ No

1. If yes, what type of treatment and where was it received?
2. Is there a follow up appointment and if so, when is it?
3. Was employee put on restricted duty?
4. Can restricted duty be accomodated?

D. PART OF BODY INVOLVED (be specific: left, right, upper, lower, etc.)

E. TYPE OF INCIDENT

☐ Caught on or in	☐ Ingestion	☐ Inhalation	☐ Fall-same level	☐ Bitten
☐ Overexertion	☐ Electrical	☐ Chemical – skin	☐ Fall-different level	☐ Lifting
☐ Struck by/against	☐ Slip or Trip	☐ Explosion	☐ Heat/Cold exposure	☐ Cut
☐ Auto accident	☐ Cumulative injury	☐ Puncture	☐ Other _____	

F. WITNESS TO INJURY (attach witness statement to investigation page 2)

NAME #1:	PHONE #	NAME #2:	PHONE #

G. FORM COMPLETED BY:

Print Name & Title	Phone # & Email Address	Date & Time Injury Reported to Agency

REQUIRED-may be sent in separately from page 1

H. SUPERVISOR'S INVESTIGATION OF INCIDENT

WHAT HAPPENED? (Be specific; include heights, weight, repetitions, dimensions, lighting etc.)

I. WHY DID IT HAPPEN?

ROOT CAUSE #1:
ROOT CAUSE #2:
ROOT CAUSE #3:

J. WHAT CORRECTIVE ACTION IS BEING TAKEN TO ELIMINATE POTENTIAL FOR FURTHER INJURY OR ILLNESS?

What specifically is being done? How are we addressing root causes, behavior, hazards, training?

K. DISCIPLINARY ACTION TAKEN: ☐ YES ☐ NO

Describe:

L. FALL FROM DIFFERENT LEVEL INFORMATION:

Height:	Was a ladder involved? Describe:

M. CAUSE OF INCIDENT – UNSAFE ACT: ☐ BY INJURED PERSON -or- ☐ BY OTHER PERSON (NAME):

☐ Failure to warn or signal	☐ Working/reaching moving equipment	☐ Overloading equipment or containers
☐ Making safety devise inoperative	☐ Failure to shut off or lockout	☐ Wearing unsafe attire, jewelry etc.
☐ Not observing where walking or driving	☐ Moving objects too heavy	☐ Disregard instructions
☐ Operating at unsafe speed	☐ Not wearing PPE	☐ Horseplay
☐ Operating without safety device	☐ Operating without authority	☐ Lack of training
☐ Taking unsafe position	☐ Using unsafe tools or equipment	☐ No unsafe act
☐ Negligence	☐ Employee misconduct	☐ Other_____

N. CAUSE OF INCIDENT – UNSAFE CONDITION

☐ Hazardous arrangement	☐ Poor Housekeeping	☐ Wet/slippery/icy floor or ground
☐ Insufficient lighting	☐ Unsafe design	☐ Other _____
☐ Insufficient guarding	☐ Ergonomic deficiency	☐ Other _____
☐ Faulty machine or equipment	☐ Hazardous work method	☐ Other _____
☐ Insufficient ventilation	☐ Poor air quality	☐ Other _____

O. CAUSE INFORMATION

YES	NO	
1. ☐	☐	Was employee doing his/her regularly assigned job? Explain a "no" answer below.
2. ☐	☐	Did you (supervisor) provide proper instruction on how to do the job safely? Explain a "no" answer below.
3. ☐	☐	Was employee doing this job as you had instructed? Explain a "no" answer below.
4. ☐	☐	Was proper equipment provided? Explain a "no" answer below.
5. ☐	☐	Was the employee using the equipment? Using it properly? Explain a "no" answer below.
6. ☐	☐	Have you had similar incidents with this or other equipment in you area? Explain a "yes" answer below.

Additional comments from above:

P. SAFETY INVESTIGATION AND FOLLOW-UP

YES	NO	
☐	☐	Was the investigation thorough?
☐	☐	Was corrective action taken?
☐	☐	Did the supervisor make every attempt to help eliminate the unsafe act or hazard?
☐	☐	Did the employee make every attempt to help eliminate the unsafe act of hazard?

Explanation and recommendations:

Q. INVESTIGATION COMPLETED BY:

Print Name & Title	Phone # & Email Address	Date Completed