

ACCIDENT, INJURY AND ILLNESS INVESTIGATION

UNIVERSITY OF CALIFORNIA AGRICULTURE AND NATURAL RESOURCES INJURY AND ILLNESS PREVENTION PROGRAM

Name of Injured Person: _____ Date of Injury: _____

Title/Job Classification: _____ Telephone: _____

Name of Supervisor: _____ Telephone: _____

ANR Office/Location: _____ Location Where
Injury Occurred: _____

Brief Description of Accident, Injury or Illness:

Nature of Injury (describe all body parts affected):

- Was employee trained on process or equipment involved in accident?..... Yes No NA
- Were established procedures followed? Yes No NA
- Were tools or equipment appropriate for task? Yes No NA
- Did equipment failure contribute to accident/injury/illness?..... Yes No NA
- Were environmental conditions a factor in the accident/injury/illness? Yes No NA

Elaborate on Responses Above (what factors led to incident?):

Proposed Corrective Actions:

Have Corrective Actions been implemented? Yes No NA

If yes, date of implementation: _____ If no, describe plan for implementation:

Person Conducting Investigation: _____ Date of Report: _____

Signature: _____

Note: This form is intended for documentation of internal Research and Extension Center investigation of an accident, injury or illness. This is not a substitute for Workers' Compensation injury reporting forms. Please ensure all injuries or illnesses are promptly reported to the Regional Office and the appropriate Workers' Compensation office.