

READ THESE INSTRUCTIONS CAREFULLY

INVESTIGATE THAT INCIDENT – For every accident, there are usually several contributing factors, most of which can be controlled. The best way to prevent the reoccurrence is to investigate the facts surrounding the incident. This will hopefully allow steps to be taken to eliminate any hazard and improve the work conditions.

This form is an internal investigation document to facilitate, change, and improve the work environment for employees. The investigation process is to be **FACT FINDING and not FAULT FINDING** in nature. The investigation form should be completed after every incident, preferably as soon as possible, so that details are not forgotten and are accurately reported.

DOCUMENT EVERYTHING IN WRITING. Put down just the facts and a detailed description of exactly what happened. Discuss the incident with the employee involved and any witnesses. This process should be conducted separately and confidentially. Witnesses should be asked to provide written statements of the incident.

Be sure to question the **WHY – WHAT – WHERE – WHEN – WHO – HOW** aspects of each accident.

ALL accidents and incidents should be investigated no matter how minor. The same conditions that cause a minor incident could lead to a major accident. The unsafe acts of workers and the unsafe conditions that cause accidents can be identified and corrected. It is your responsibility to **FIND** them, **NAME** them and **CORRECT** them.

Please forward all forms and supporting documentation to Jean Haun, Risk Management Specialist. These completed forms can provide valuable information that can be used for developing a defense in the event of any legal action taken against the County. All incidents should be reported within the first **24 hours** of the knowledge of a possible claim, or as soon as possible depending on severity.

ANY FATAL ACCIDENT, or accident that results in the hospitalization of 3 or more employees, **MUST** be reported to OSHA within 8 hours. Should a serious or fatal accident occur, **FIRST**, call 911 to assure proper medical care for any injuries. **SECOND**, Secure the incident scene so there can be an accurate collection of facts. **THIRD**, notify Jean Haun at 704-878-3043 or Ron Smith, County Manager, at 704-878-3050 as soon as possible after immediate medical attention to any injured parties has been addressed. If the incident occurs after normal business hours, notify ECOM so they can contact the proper County representative(s) immediately. **FOURTH**, take photographs, collect videos, etc. of the area.

IREDELL COUNTY SUPERVISOR INVESTIGATION REPORT

Employee Name _____ Date of Incident _____

Location of Incident (i.e., Room Number, Floor, bedroom at patient's residence, scene of accident or crime) _____

Time of Incident _____AM ____PM____ Date & Time Reported _____AM ____PM____

WHAT was employee doing when incident occurred? (Include sequence of events, what employee reported to you, etc.)

List any witnesses and attach their written statements about the incident

Was employee injured? If so, please describe HOW

Was employee doing an assigned task? ____Y ____N

Was employee properly trained to do the assigned task? ____Y ____N

Had employee ever done this task before? ____Y ____N If so, how often? _____

Were safety rules followed? ____Y ____N

Describe any UNSAFE acts or UNSAFE Conditions:

What corrective actions will be taken to prevent future incidents?

Supervisor Signature _____ Date Prepared _____

Department Head Signature _____ Date _____