

## Instructions

1. The Accident Investigation Report should be completed by the person who signs the employee's OJI Occurrence Report. The OJI Report and the Accident Report should be completed by one of the following persons:
  - a. Department Manager
  - b. Shift Supervisor
  - c. Patient Care Coordinator (PCC), Charge Nurse or Lead
  - d. Administrative Supervisor (when no PCC or Department Manager is available)
2. The investigating supervisor should answer each numbered question on the report. The supervisor should:
  - a. Ask the injured employee for details of the accident
  - b. Observe the scene of the accident
  - c. Answer each question to the best of his/her knowledge
  - d. Answer "Unknown" when the answer is not known
3. The Department Manager should review the completed report. The Manager should:
  - a. Verify the completeness and accuracy of the report
  - b. Identify and recommend any corrections to facilities, systems or employee's behavior
4. The Department Manager should forward the completed form to Human Resources

## Supervisor's Accident Investigation Report

This report must be completed when an injury is reported. The investigation follow-up is to be completed within 24 hours.

Date of Report: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Date/Time Notified: \_\_\_\_\_

1. Where did accident occur? \_\_\_\_\_
2. Describe work being done at the time of the accident and how the accident occurred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. List equipment/objects involved: \_\_\_\_\_  
\_\_\_\_\_
4. Is personal protective equipment required for job?  Yes  No  
If yes, was employee wearing personal protective equipment?  Yes  No
5. Was employee qualified to perform job?  Yes  No  
If no, explain: \_\_\_\_\_
6. Was any first aid administered?  Yes  No  
If yes, what kind and by whom? \_\_\_\_\_
7. Were any employees exposed to blood or other potentially infectious/hazardous materials?  Yes  No
8. Was there a possibility of contamination of the food stream?  Yes  No
9. Do you think the employee will be absent from work?  Yes  No
10. What was the cause of the injury/illness? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What are your suggestions for corrective action(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Upon completion, this report should be reviewed by the Department Manager**

Department Manager's recommendation/comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please forward this report to Human Resources ASAP**



OJI Investigation Form

Form No. RMC. 475 (Rev 6/14)