

RESA Incident Investigation Forms



Includes:

Student/Employee's Report of Injury Form

Incident Witness Statement Form

Supervisor's Incident Investigation Form

Forms may be copied as needed.

Incident investigation forms/statements should be filled out by the injured employee/student, supervisor, and any witness(s) to the incident.

Train your instructors and evaluators to conduct the preliminary investigation as soon as possible, and to notify the proper authorities immediately.

IMPORTANT - Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an incident insures that you, as the training agency, have an accurate account of the circumstances surrounding the incident.

These completed statements are important in helping to correct hazards and prevent the incident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against any false claim.

After I have these forms completed - what do I do with them?

Please send the completed forms to the State Dept. of Education, and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing or legal proceedings.

What if the injured party is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgment. Remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later, more appropriate time when the employee is physically able to document the incident.

What if the injured party refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot force anyone to fill out a document. You can, however, stress the importance of getting his/her account of the incident to help prevent a similar incident from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if the injured party has retained an attorney - Can I still ask him/her to fill out an Employee's Report of Injury?

Yes! You, as a representative of the training agency, can still ask the individual to fill out any necessary report form(s).

Student/ Employee's Incident Report

(To be completed by the employee or student only.)

Employee's name: _____
Last First Middle

Male__ Female__ SSN: _____

Date of birth: ____/____/____ Home telephone #(_____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____

How long employed or in training here?: _____

Location of Incident (building, room, etc.): _____

Date and time of Incident: _____

Describe fully how Incident occurred: (including events that occurred immediately before the Incident): _____

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this Incident from recurring: _____

Name of supervisor/instructor: _____
Phone# _____

When did you report the Incident to your instructor/supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____
Phone# _____

Signature of employee: _____ Date: _____

Incident Witness Statement

(To be completed by witness to the incident. Please use separate forms for each witness.)

Injured individual's name: _____
Last First Middle

Name of witness: _____ Ph# _____
Last First Middle

Job title of witness: _____

Currently employed by RESA? Yes/No If so, how long? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of incident (building, room, etc.): _____

Date of incident: _____

Time of incident (approx.): _____

Describe fully how incident occurred: (including events that occurred leading up to the incident): _____

Describe any bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this incident from recurring: _____

Signature of Witness: _____ Date: _____

Supervisor's Incident Investigation

(To be completed by the RESA Coordinator or other RESA administrator)

Location where incident occurred: _____

Date and time of incident or illness: _____

Who was injured? Student ☐ Instructor ☐ Other(specify) _____

Name of class: _____

Name of instructor/evaluator: _____

What property/equipment was damaged?_____

What was employee doing when the incident occurred? What machine or tool was being used? _____ What type of operation? _____

How did the incident occur? List all objects and substances involved.

Any prior physical conditions? Yes/No If so, what? _____

Nature and extent of injury/illness and/or property damaged (be specific):

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INCIDENT:

☐ Failure to lockout ☐ Improper maintenance ☐ Poor housekeeping

☐ Failure to secure ☐ Improper protective equipment ☐ Poor ventilation

☐ Horseplay ☐ Inoperative safety device ☐ Unsafe arrangement or use

☐ Improper dress ☐ Lack of training or skill ☐ Unsafe equipment

☐ Improper guarding ☐ Operating without authority ☐ Unsafe position

☐ Improper instruction ☐ Physical or mental impairment ☐ Other

Supervisor's corrective action to ensure this type of incident does not recur:

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes ☐ No ☐

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ☐ No ☐

Did employee promptly report the injury/illness? Yes ☐ No ☐

Is there modified duty available?..... Yes ☐ No ☐

Supervisor/Coordinator's name: _____

Supervisor/Coordinator's signature: _____

Phone# _____ Date: _____