



## INCIDENT INVESTIGATION REPORT

Claim Number:

<b>Company</b> Arnold Machinery Co.	<b>Address</b>
<b>Department/Branch number or Location:</b>	<b>Location (if different from mailing address)</b>
<b>1. Name Of Injured</b>	<b>2. Drivers License # :</b>
<b>3. Sex:</b> Male <input type="checkbox"/> Female <input type="checkbox"/>	<b>4. Date of Birth/Age</b>
<b>5. Date of incident:</b>	<b>6. Home address</b>
<b>7. Employee Usual occupation:</b>	<b>8. Occupation at time of incident:</b>
<b>9. Employment Category:</b> <input type="checkbox"/> Regular, Full Time <input type="checkbox"/> Non-employee <input type="checkbox"/> Regular, Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	<b>10. Length of Employment:</b>
<b>11. Time in Occupation at time of incident:</b> <input type="checkbox"/> Less than 1 mo. <input type="checkbox"/> 6 mos.-5 yrs. <input type="checkbox"/> 1-5 mos <input type="checkbox"/> Over 5 yrs	<b>12. Nature of injury and body part:</b>
<b>13. Name and address of physician:</b>	<b>14. Name and Address of Hospital:</b>
<b>15. Time of Accident</b> a. _____AM/PM b. Time within shift c. Type of shift	<b>16. Severity of injury</b> <input type="checkbox"/> Fatality <input type="checkbox"/> Med-Treatment <input type="checkbox"/> Lost work days away from work <input type="checkbox"/> Lost work days-days of restricted activity <input type="checkbox"/> First-aid <input type="checkbox"/> Other; specify
<b>17. Specific Location of Accident or incident (describe)</b> Approx. 5 miles Indian Springs, South Bound  On employers premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>18. Phase of employee's workday time of injury</b> <input type="checkbox"/> Rest period <input type="checkbox"/> Entering/leaving <input type="checkbox"/> meal period <input type="checkbox"/> performing work <input type="checkbox"/> overtime <input type="checkbox"/> other



**INCIDENT INVESTIGATION REPORT (continued)**

**19. Describe how the incident occurred:**

**20. Incident sequence. Reconstruct the sequence of events that led to the injury:**

**21. Task and activity at the time of the incident:**

**General type of task:**

**Specific activity:**

**Employee was working:**  Alone  With crew or other workers  Other

**22. Supervision at the time of incident:**

Directly supervised  Indirectly supervised  Not supervised  Supervision not feasible

**23. Casual factors. Events and conditions that contributed to the incident. Include actions:**

**24. Corrective Actions.** The following corrective actions are my recommendation to Branch Management.

Prepared By \_\_\_\_\_ Approved by \_\_\_\_\_

RESPONSIBLE SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_  
CORPORATE HEALTH & SAFETY \_\_\_\_\_ DATE \_\_\_\_\_



A copy of this report must be faxed directly to Paul Te Prieto ASAP @ 801-974-4067

**Extra Notes:**