



COUNTY OF ALAMEDA
SUPERVISOR'S INVESTIGATION OF EMPLOYEE INJURY

Employee Name: _____	Date/Time of Injury: _____		
Job Title: _____	Phone Number: _____		
Witnesses: _____	Date Reported: _____		
Nature of Injury: _____	Department: _____		
Was medical treatment required? Yes <input type="checkbox"/> No <input type="checkbox"/>	QIC: _____		
Name/Location of Physician: _____			
Did the employee return to work? Yes <input type="checkbox"/> No <input type="checkbox"/> Date last worked? _____			
1. What job was employee doing when injury occurred? _____			
2. Where did injury occur? _____			
3. Describe accident and nature of injury: _____			
4. What act(s) or condition(s) may have contributed to the accident? <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Excessive or improper lifting <input type="checkbox"/> Unsafe clothing or footwear <input type="checkbox"/> Unsafe floor or stair condition <input type="checkbox"/> Safety procedure not followed <input type="checkbox"/> Work environment/workstation <input type="checkbox"/> Act of another <input type="checkbox"/> Equipment failure <input type="checkbox"/> Other: _____</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Congested work area <input type="checkbox"/> Unauthorized activity <input type="checkbox"/> Override of safety device <input type="checkbox"/> Improper use of equipment <input type="checkbox"/> Cumulative/repetitive activity <input type="checkbox"/> Inattention <input type="checkbox"/> Unsafe driving</td></tr></table>		<input type="checkbox"/> Excessive or improper lifting <input type="checkbox"/> Unsafe clothing or footwear <input type="checkbox"/> Unsafe floor or stair condition <input type="checkbox"/> Safety procedure not followed <input type="checkbox"/> Work environment/workstation <input type="checkbox"/> Act of another <input type="checkbox"/> Equipment failure <input type="checkbox"/> Other: _____	<input type="checkbox"/> Congested work area <input type="checkbox"/> Unauthorized activity <input type="checkbox"/> Override of safety device <input type="checkbox"/> Improper use of equipment <input type="checkbox"/> Cumulative/repetitive activity <input type="checkbox"/> Inattention <input type="checkbox"/> Unsafe driving
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5. What can be done to prevent a reoccurrence or similar accident? _____			
Who will do it? _____			
Timetable? _____			
What assistance do you need for the corrective measure? _____			
Is a safety survey needed to determine corrective measure? _____			
Is money needed? (approx. amount) _____			
Are human resources needed? (type, number) _____			
6. Was the Employee Assistance Program and Peer Support services offered? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor _____	Phone No. _____ Date _____		
Action taken to correct condition: _____			
If no action taken, why not? _____			
Agency/Dept. Safety Coordinator _____ Date _____			