

CALIFORNIA LUTHERAN UNIVERSITY
Injured Person's Supervisor – Investigation Report

Name of Injured Person: _____

Date of Injury: _____

Employee

Student

Guest

All statements and reports of a injury must be reported to Human Resources within 24 hours of incident. Detailed descriptions and appropriate supporting documentation are crucial to proper claim submission with Travelers and corrective action steps. If additional space is needed, please use the reverse side or additional pages as necessary.

Time of Injury: _____ *am/pm* Injury Reported to: _____

Date reported to HR representative? _____

Did injury/incident occur on CLU property? Yes No

Location where incident occurred: _____

What was employee doing when injured? _____

Has employee received training if using specific equipment? _____

Describe fully the events and nature of injury/incident: _____

Body part injured: _____

What corrective actions steps are suggested (if any): _____

Witness(es): _____

UNSAFE CONDITIONS that caused or contributed to the incident (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Close clearance, congested workspace, protruding object | <input type="checkbox"/> Inadequate light |
| <input type="checkbox"/> Hazardous atmosphere, inadequate ventilation | <input type="checkbox"/> Hazardous clothing, jewelry, hair, etc. |
| <input type="checkbox"/> Hazardous arrangement, placement or storage | <input type="checkbox"/> Guards or safety devices missing or not functioning |
| <input type="checkbox"/> Uneven or slippery walking surface | <input type="checkbox"/> Inadequate or missing warning system |
| <input type="checkbox"/> Defective tools, equipment, etc. | <input type="checkbox"/> Unexpected movement hazards |
| <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other (explain): _____ |

UNSAFE ACTIONS that caused or contributed to the incident (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Unsafe body position or posture (improper lifting) | <input type="checkbox"/> Removing or modifying safety devices or guards |
| <input type="checkbox"/> Lack of or improper personal protective equipment | <input type="checkbox"/> Operating at unsafe speeds |
| <input type="checkbox"/> Failure to secure against unexpected movement | <input type="checkbox"/> Operating equipment without authority |
| <input type="checkbox"/> Failure to warn or signal as required | <input type="checkbox"/> Service hazardous equipment or unauthorized modifications |
| <input type="checkbox"/> Horseplay, distracting, teasing, etc. | <input type="checkbox"/> Riding hazardous moving equipment |
| <input type="checkbox"/> Improper tool inspection, maintenance or use | <input type="checkbox"/> Ignore safety rules, procedures, or policies |
| <input type="checkbox"/> Using a defective tool or piece of equipment | <input type="checkbox"/> Other (explain): _____ |

PERSONAL or JOB FACTORS that caused or contributed to the incident (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Poor morale (short-cut, express hostility, attention, etc.) | <input type="checkbox"/> Lack of training or understanding (policies, rules, procedures) |
| <input type="checkbox"/> Physical/mental stress (fatigue, sub abuse, family issue, etc.) | <input type="checkbox"/> Lack of equipment, assistance or supervision |

POLICY INFRACTION that caused or contributed to the incident (check all that apply)

Was there an infraction of a job rule, policy, practice, or procedure? Yes No

If yes, please describe the rule and infraction in detail: _____

If there was an infraction, were the proper policies/procedures reviewed with the worker? Yes No

Was the policy/procedure review documented (meeting notes, warning notice, etc.)? Yes No

Is there any reason to believe this is a non-work related injury/incident? Yes No

If yes, please explain: _____

I state the above is true and correct to the best of my knowledge.

Signature of Supervisor / Investigator

Date

For HR Office Use:

Recvd: _____

Training documentation

Employment documentation

Witness Statement(s)