

Incident Investigation Report

Instructions: Incident investigations are mandatory for all accidents and exposures involving DRFD employees. Employees shall notify their supervisor if they are involved in an incident. The supervisor shall conduct the incident investigation when they become aware of the incident. The supervisor shall fill in all applicable boxes (1-37). If not applicable, insert "N/A". Use attachments if necessary. The supervisor must then submit the investigation in printed form to the Fire Chief in a sealed envelope stating the date and nature of the investigation on the front of the envelope. The Fire Chief shall review the investigation and comment if necessary adding comments as an attachment to the original DC-301. The completed investigation form shall become part of the employees permit file. The employee shall receive a copy of the investigation for their own records.

Form with fields: Date of Incident, Time of Day, Date Notified, Date of Report, Name of Person typing report, Name of Involved Employee, Employee #, Non-Employee/Carrier Name, Non-Employee/Carrier Address, Employee Job Title, Employee Drivers Lisc #, Non-Employee/Carrier Phone, Non-Employee Drivers License #, Division / Department, Investigator (Supv), Title, Non-Employee Insurance Company, Non-Employee Insurance Policy #, Exact Location of Incident, Witness(s)

Describe in detail how the incident occurred. What happened?

Form with fields: Type of Accident, Name of Person Injured or Ill, Describe Injury or Illness, Describe Type of Injury/ Part of Body, Physical Injury/Employee, Physical Illness/Employee, Physical Injury/Non-Employee, City Employee (Y/N), Death, Time off Work (Days), First Report of Injury, Report # if NO, Physical Illness/Non-Employee, Vehicle Damage, Equipment Damage, Property Damage, Vehicle Damage Other, Property Damage Other, Equipment Damage Other, Estimate to Repair 1, Attach Copy, Estimate to Repair 2, Attach Copy, Police Report Attached, Job Related Exposure, Cause(s) of Incident, Explain Fully What Caused the Incident to Occur. Include (A) Approximate Cause, and (B) Contributing Factors. If an Exposure, Tell Specifically How the Individual was Exposed, Unsafe Acts/Involved Employee, Unsafe Acts/ Non-Involved Employee, Unsafe Acts/Non-Employee, Unsafe Acts/Management, Unsafe Conditions/Mechanical, Unsafe Conditions/Physical, Unsafe Conditions/Environmental, Unsafe Contributing Factors

If a Job Related Disease And/Or Chemical Exposure(s) is Suspected, Complete This Section. Personal Illnesses (Cold, Flu, ect) Are Not Reportable.

Form with fields: Exposure Agent: Check the Exposure Types Below, Specific Source, Exposure Determination, HIV, Scabies, Chemical, Attach MSDS, Quantity Exposed to, German Measles, Rabies, Name, Length of Time Exposed, AIDS Related, Histoplasmosis, Tools, Test Method Used, Gonorrhea, Insect Infestation, Equipment, Test Conducted By, SmallPox, Irritant, Vehicle, Hepatitis Type, Carcinogen, Infected Individual*, Date of Test, Meningitis, Corrosive, Blood/Body Fluid or Parts*, Time of Test, Syphilis, Sensitivity, Work Environment, Primary Entry Point, Chicken Pox, Other, Herpes, N/A, *If Known Complete Non-Employee (Green) Section Above

Form with fields: Actions Taken to Prevent Recurrence, Describe Fully Action Taken to Prevent Recurrence. This should be more Specific than "Told Employee to be more Careful." List Any Disciplinary Actions Taken or Any Comments in this Section. Instructed Employee Proper Procedure, Altered Existing Work Procedure, Changed Tool / Equipment Used in Procedure, Notified Management of Needed Changes, Corrected Unsafe Conditions, Other

Form with fields: Signatures, Supervisor:, Employee:, Chief:, Date Fully Signed:

