

905B Injury Investigation Form 905B-8383333

Injured Employee's ID#:

First Name: <input type="text"/>	Last Name: <input type="text"/>	Job Title: <input type="text"/>
Department: <input type="text"/>	Section: <input type="text"/>	Division: <input type="text"/>
Experience with the City: <input type="text"/>	Employment Status: <input type="checkbox"/> Is Temporary	
Experience in Current Position: <input type="text"/>		
Employee's Supervisor: <input type="text"/>	Supervisor's Experience in Current Position: <input type="text"/>	Supervisor's Experience with the City: <input type="text"/>

Injury Claim Number:

Injury Date:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Shift:

Date the injury was reported:

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Event that caused the injury:

Indicate injury locations below:

Description of Terrain:	List any PPE used:
<input type="text"/>	<input type="text"/>

Equipment Involved:	Make:	Model:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Equipment Condition:

Unsuitable for Job Maintenance Needed

What was the employee doing immediately before the injury?	How did the injury occur?
<input type="text"/>	<input type="text"/>

List any objects or substances that directly harmed the employee:

Witnesses

First Name	Last Name	Statement/Comments
------------	-----------	--------------------

Causes

- Employee Not Trained for Task
- Similar Injuries in the Area
- Recurring Injury/Event

Surface Cause	Explanation/Evidence/Proof
Root Cause	Explanation/Evidence/Proof

Hazard Mitigation Actions

Cost Estimates:

Hazard Mitigation Responsible Party

First Name	Last Name	Job Title	Sign Date
------------	-----------	-----------	-----------

Sign-off Parties

This section serves as the electronic signature for the following individuals present at the investigation meeting: the Injured Employee, the Investigating Supervisor or Manager, the Section or Division Head, and the Department Head or their designated attendee.

First Name	Last Name	Job Title	Sign Date
------------	-----------	-----------	-----------

Form Completed By: