

Yolo County Safety Committee Accident/Incident Investigation Report

(Revised: November 2004)

This section to be completed by the employee	
Employee Name and Title:	
Department:	
Date and Time of Incident:	a.m. / p.m.
Address and/or specific location of accident:	
Injury Details (body part and injury, e.g., cut left forearm). Attach additional sheets if necessary:	<input type="checkbox"/> Additional sheet(s) attached
Accident Details (describe the accident and events or conditions that contributed to the accident, including weather, equipment, lack of training and/or supervision, etc.) Were there any witnesses? Attach additional sheets if necessary:	<input type="checkbox"/> Additional sheet(s) attached
Was this completed report reviewed by the employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No DATE: _____
Employee signature:	DATE: _____

This section is to be completed by the supervisor	
Supervisor Name and Title:	
What was the cause of this accident?	<input type="checkbox"/> Additional sheet(s) attached
What preventive actions are planned (or have been taken) to prevent future accidents? (training, equipment modifications, etc.)	<input type="checkbox"/> Additional sheet(s) attached
Was the "Employee's Claim for Workers Compensation Benefits" and "Notice of Potential Eligibility" DWC-1 (2-part form) given to the employee? <input type="checkbox"/> Yes DATE: _____	
Was the employer's "Report of Injury/Illness" form 5020 submitted to Human Resources? <input type="checkbox"/> Yes DATE: _____	
Supervisor signature:	DATE: _____