

# Linfield College

900 SE Baker Street  
McMinnville, OR 97128



## Incident Investigation & Analysis Report

### Section A. Personal/Injury Information

|  |                    |                       |
|--|--------------------|-----------------------|
| Name (Last, First, Middle Initial):  |                    |                       |
| Sex  | Work Phone Number: | Linfield ID Number    |
| Occupation:  | Department:        | Immediate Supervisor: |
| Nature of Injury/Illness and Body Part Affected:   |                    |                       |
| Nature of Treatment: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Medic/EMT <input type="checkbox"/> Doctor<br><input type="checkbox"/> Hospital <input type="checkbox"/> Other (describe) |                    |                       |
| Location of Treatment:   |                    |                       |
| Person Administering Treatment:  |                    |                       |
| Type Case: <input type="checkbox"/> Record Only <input type="checkbox"/> OSHA Recordable <input type="checkbox"/> Lost Time Case   |                    |                       |
| Check all that apply: <input type="checkbox"/> Restricted Work <input type="checkbox"/> Fatality   |                    |                       |

### Section B. Basic Information

|  |                     |                                      |
|--|---------------------|--------------------------------------|
| 1. Incident Type: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Non-injury |                     |                                      |
| 2. Date of Incident:   | 3. Time of Incident | 4. Investigator:                     |
| 5. Specific Location (Work Site or Area):  |                     | 6. Work or Operation Being Performed |

### Section C. Description of Incident

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|---|
| 1. Fully Describe Incident and How Incident Occurred: |
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|   |
|   |
|   |
|   |

### Section D. Witness Information

| Name | Home Address | Work/Home Phone | Employer |
|------|--------------|-----------------|----------|
| A.   |              |                 |          |
| B.   |              |                 |          |
| C.   |              |                 |          |

Notification:  Supervisor     Department Director

Distribution:  Injured Person     Human Resources     Office of Environment, Health & Safety

### Section E. Vehicle/Equipment Damage

| Operator's Name   | Driver's Lic. No. | State | Vehicle License or Equipment Number |
|---|-------------------|-------|-------------------------------------|
| 1.  |                   |       |                                     |
| 2.  |                   |       |                                     |
| <p>Complete diagram below showing direction &amp; positions of vehicles involved. Indicate the point of impact clearly. Indicate direction of North with an arrow. Use additional copies of this page if more than two (2) vehicles or pieces of equipment were involved.</p> |                   |       |                                     |
|   |                   |       |                                     |

### Section F. Casual Factors and Preventative Measures

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| 1. List Casual Factors:  |
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| 2. Describe Action Taken to Prevent Recurrence of This Incident: |
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### Section G. Review and Approvals.

|                                       |   |          |
|---------------------------------------|---|----------|
| Signature of Person Completing Report | Title:                                  | Date / / |
| Signature of Injured Employee         | Title:                                  | Date / / |
| Review Signature (Supervisor)         | Title:                                  | Date / / |
| Safety Review Signature               | Director - Environment, Health & Safety | Date / / |
| Safety Committee Review               | Title:                                  | Date / / |