



# Chabot-Las Positas Community College District

7600 Dublin Blvd. 3<sup>rd</sup> Floor, Dublin CA 94568

## Appendix A.1

### Injury/Incident Investigation Report

(Continue report on separate pages as warranted.)

Campus/Center:		Date/Time of Occurrence:		Location of Occurrence (Be specific and include department, vehicle or building.)	
Date Reported	<b>Off Campus?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name of Injured Person (use new report for additional people)		Age	Sex
Any Witnesses? If yes – list them by name		Department	Title	Full or Part Time?	
			Time in Current Position:	Seasonal?	
			Time with the District:	Volunteer?	
Nature of Injury or Illness		Body Part(s) Injured:			
Medical Treatment?		List Equipment or Property Damaged:			
<b>D E S C R I P T I O N</b>	Describe clearly what took place. How did the accident occur? Include location and the materials, chemicals, equipment, and people involved. If a vehicle is involved, create a sketch on reverse attached page.				
	What was the employee doing when injured? Identify causal factors and describe the sequence of events. Attach photos.				
<b>A N A L Y S I S</b>	From a management perspective, consider what could have been done to control, eliminate, or transfer the exposure, prevent the hazard and/or accident, and reduce the amount or degree of loss. Question why, what, when, who, and how for each operating. Consider each factor contributing to the accident.				
<b>P R E V E N T I O N</b>	Describe the management action or controls that have or will be taken to reduce the potential for a reoccurrence.				
Investigated By:		Date:	Person(s) accountable for corrective action:		Targeted Completion Date:
Reviewed By:		Comments:			Review Date: