



Workplace Safety

The College is committed to maintaining a safe, hazard-free workplace. It is the responsibility of each employee to maintain safe working habits on the job and to follow any safety guidelines or requirements provided by the supervisor. Unsafe working conditions and work related accidents should be reported immediately to your supervisor. Within 24 hours of the accident reports should be completed in the Human Resources office.

This is the link to the [Montana State Fund First Report](#). Please print it, complete it along with incident report on the next page, and then turn them all into the Human Resources office.

Please scroll down to the Incident Report below.

Incident Investigation Report

****Must be submitted within 72 hours of injury****

Instructions: Supervisors: complete this form as soon as possible after an incident that results in serious injury or illness. Form must be completed & returned to HR within 72 hours of accident/injury or near miss. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.) Investigation participants should include (at a minimum): Supervisor & Employee involved in incident. It is helpful to involve additional supervisors, peers and/or witnesses as needed.

This is a report of a: Medical Treatment First Aid Only Report Only

 Near Miss / No Injury

Date of incident: _____

Name: _____ Sex: Male Female

Department: _____ Job title at time of incident: _____

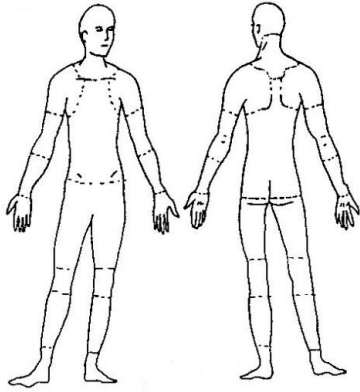
Work Status: Regular full time Seasonal – Full time Seasonal – Part time Intermittent

Time doing this job (months/years): _____

(Continue to next page)

Step 1: Describe injury (complete this part for each injured employee) **If no injury occurred, skip to Step 2

Part of body affected: *(shade all that apply)*



Nature of injury:

- Abrasion, scrapes
- Broken bone
- Contusion
- Burn (heat)
- Burn (chemical)
- Head Injury
- Crushing Injury
- Cut, laceration, puncture
- Sprain, strain
- Damage to a body system
- Joint Injury

Other:

Step 2: Describe the incident

Exact location of the incident:

Exact time:

What part of employee's workday?

- Entering or leaving work
- During meal period
- 1st Half of Shift
- Working overtime
- 2nd Half of Shift

Other _____

Names of witnesses (if any):

**Attach witness statements

What personal protective equipment was being used (specifically)?

Describe in detail step-by-step what happened, including all factors (actions and conditions) that may have contributed to the incident taking place. *(If more space is needed, write on separate page and attach to investigation report.)*

Step 3: Factors that contributed to the incident (NOTE: n/a is not an option):**

Contributing conditional factors:
(Check all that apply)

- Unsafe snow conditions
- Unsafe weather conditions
- Unprotected hazard
- Safety device is defective
- Defective tool or equipment
- Workstation layout is hazardous
- Unsafe lighting
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- No training or insufficient training

Other:

Contributing behavioral acts by people:
(Check all that apply)

- Unnecessary risk taken
- Operating beyond scope of position
- Operating without permission
- Operating at unsafe speed
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, horseplay, etc.
- Failure to wear personal protective equipment
- Failure to use the available proper equipment / tools

Other:

Could any of the contributing conditional factors have been removed?

Explain why at-risk behavioral was taken:

Is there a perceived incentive that may have encouraged at-risk behavior (example: "the job can be done more quickly" or "this will save money")? Yes No
If yes, describe:

Were the at-risk acts or conditions reported prior to the incident? Yes No

Have there been **similar** incidents or near misses prior to this one? Yes No

Step 4: How can the likelihood of similar incidents be prevented or reduced?

- Stop this activity
- Protect the hazard
- Train the employee(s)
- Train the supervisor(s)
- Redesign task steps
- Redesign work station
- Write a new policy/rule
- Enforce existing policy
- Routinely inspect for the hazard
- Personal Protective Equipment

Other: _____

What actions will be taken to address the items above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form?

List all individuals _____
involved in _____
investigation: _____

Supervisor: _____ Date: _____

Signature: _____
Employee: _____ Date: _____

Signature: _____