

**OFFICE OF RISK MANAGEMENT
UNIT OF RISK ANALYSIS AND LOSS PREVENTION
INCIDENT/ACCIDENT INVESTIGATION FORM**

PLEASE TYPE OR PRINT

1. LOCATION CODE _____ 2. ACCIDENT DATE _____ 3. REPORTING DATE _____

4. JOB TITLE _____ 5. IMMEDIATE SUPERVISOR _____

6. EMPLOYEE'S NAME (LAST-FIRST) _____ 7. SOCIAL SECURITY # _____

8. DESCRIBE IN DETAIL HOW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEETS IF NECESSARY) _____

EMPLOYEE'S SIGNATURE _____

9. NAME OF PERSON FILLING OUT REPORT _____ SIGNATURE _____

10. AGENCY _____ PHONE NUMBER _____

11. PARISH WHERE OCCURRED _____ PARISH OF DOMICILE _____

12. WAS MEDICAL TREATMENT REQUIRED ___Y___N___ 13. WAS EQUIPMENT INVOLVED ___Y___N___

14. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURRED ___Y___N___ 15. INVOLVING SAME INDIVIDUAL ___Y___N___ 16. SAME LOCATION ___Y___N___

17. EXACT LOCATION WHERE EVENT OCCURRED _____

18. NAME(S) OF WITNESSES _____

CAUSE CODE

___ AA Auto Accident	___ 1C Struck By Patient or Employee
___ AB Contact with Skin Irritant	___ 2A Strain by Lifting, Twisting, or Using Tool/Machine
___ AC Insect Bite or Sting	___ 3A Slip and Fall on Foreign Object
___ AD Poisoning	___ 3B Slip and Fall from Ladder, Scaffolding & Chairs
___ AE Extreme Noise	___ 3C Slip and Fall from Ramps, Curbing, or Stairs
___ AF Animal Bite	___ 4A Striking Against Object
___ AG Overexertion	___ 5A Stepping on a Sharp Object
___ AH Stroke	___ 6A Caught In /Between Machinery or Other Objects
___ AI Heart Attack	___ 7A Burns or Exposure Due to Physical Contact
___ AJ Mental Stress	___ 7B Burn Or Exposure Involving Welding
___ AK Traumatic Neurosis	___ 7C Burn or Exposure Due to Extreme Heat or Cold
___ AL Exposure to Occupational Disease	___ 7D Burn Or Exposure Involving Chemicals
___ AM Inhalation of Chemicals/Other Irritants	___ 7E Burn or Exposure involving Electricity
___ AN Foreign Body in Eye	___ 8A Cut, Puncture or Scrape by A Tool
___ AR Human Bite	___ 8B Cut, Puncture or Scrape Involving Glass
___ 1A Struck by Moving Object Other Than a Vehicle	___ 8C Cut, Puncture or Scrape by A Sharp Object
___ 1B Struck by Motor Vehicle	___ 9A Tripping

FIELD 23—CITY	FIELD 27—DAY OF WEEK	FIELD 28—TIME OF DAY	
___ A New Orleans	___ 1 Sunday	___ A 12:01AM - 1:00AM	___ J 9:01AM - 10:00AM
___ B Baton Rouge	___ 2 Monday	___ B 1:01AM - 2:00AM	___ K 10:01AM - 10:00AM
___ C Lake Charles	___ 3 Tuesday	___ C 2:01AM - 3:00AM	___ L 11:01AM - 12:00PM
___ D Shreveport	___ 4 Wednesday	___ D 3:01AM - 4:00AM	___ M 12:01PM - 1:00PM
___ E Alexandria	___ 5 Thursday	___ E 4:01AM - 5:00AM	___ N 1:01PM - 2:00PM
___ F Lafayette	___ 6 Friday	___ F 5:01AM - 6:00AM	___ O 2:01PM - 3:00PM
___ G Monroe	___ 7 Saturday	___ G 6:01AM - 7:00AM	___ P 3:01PM - 4:00PM
___ Z City Not Listed		___ H 7:01AM - 8:00AM	___ Q 4:01PM - 5:00PM
___ O Rural Area		___ I 8:01AM - 9:00AM	___ R 5:01PM - 6:00PM
___ I International			
			FIELD 36—NEED LOSS PREVENTION OFFICER ASSISTANCE ___Y___N___

FIELD 41—NATURE OF INJURY

___AA Amputation
 ___AB Animal Bite
 ___AC Bruised / Contusion / Swelling
 ___AD Burn / Abrasion / Redness
 ___AE Concussion
 ___AF Death
 ___AG Depression and Anxiety
 ___AH Dermatitis
 ___AI Dislocation or Separation
 ___AJ Electrical Shock or Burn

___AK Eye Irritation / Damage
 ___AL Fracture
 ___AM Hearing Impairment
 ___AN Heart Attack
 ___AP Heat Stroke
 ___AQ Hernia
 ___AR Herniated Disc
 ___AS Insect Bite / Sting
 ___AT Laceration
 ___AU Loss of Vision / Headache

___AV Smashed or Crushed
 ___AW Mental Anguish
 ___AX Multiple Injuries
 ___AY Poisoning
 ___AZ Puncture
 ___BA Prosthetic Replacement
 ___BB Seizure
 ___BC Sprain / Strain
 ___BD Stress
 ___BE Stroke
 ___HB Human Bite

FIELD 43-SEX OF EMPLOYEE

___F FEMALE
 ___M MALE
 ___N NOT GIVEN

FIELD 44-LENGTH OF SERVICE

___0 LESS THAN 6 MOS.
 ___1 7 MOS. - 1 YEAR
 ___2 1 - 3 YEARS
 ___3 3 - 5 YEARS
 ___4 5 - 10 YEARS
 ___5 10 - 15 YEARS
 ___6 MORE THAN 15 YEARS

FIELD 43-AGE OF EMPLOYEE

___A 5 - 17 ___H 51 - 55
 ___B 18 - 21 ___I 56 - 60
 ___C 22 - 25 ___J 61 - 65
 ___D 26 - 30 ___K OVER 65
 ___E 31 - 35
 ___F 36 - 40
 ___G 41 - 50

FIELD 50- PART OF BODY

___AA HEAD
 ___AG JAW
 ___BB BACK
 ___BH GOIN
 ___CC ELBOW
 ___DB THIGH
 ___DH TOE

___AB FOREHEAD
 ___AH TEETH
 ___BC CHEST
 ___BI GENITAL
 ___CD WRIST
 ___DC KNEE
 ___BK SPINE

___AC EYE
 ___AI FACE
 ___BD RIBS
 ___BJ BUTTOCK
 ___CE HAND
 ___DD LEG

___AD EAR
 ___AJ CHEEK
 ___BE STOMACH
 ___BL INTERNAL
 ___CF THUMB
 ___DE SKIN

___AE NOSE
 ___AK THROAT
 ___BF LUNGS
 ___CA SHOULDER
 ___CG FINGER
 ___DF ANKLE

___AF MOUTH
 ___BA NECK
 ___BG HEART
 ___CB ARM
 ___DA HIP
 ___DG FOOT

ROOT CAUSE ANALYSIS PORTION

UNSAFE ACT (PRIMARY):

UNSAFE CONDITION (PRIMARY):

CONTRIBUTORY FACTORS (IF ANY):

WHY WAS ACT COMMITTED:

WHY DID CONDITION EXIST:

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:

LONG RANGE ACTION TO BE TAKEN:

WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:

KEEP COMPLETED FORM ON FILE FOR ALL INCIDENTS/ACCIDENTS AND ONLY MAIL NON-MEDICAL ACCIDENTS TO THE FOLLOWING ADDRESS: OFFICE of RISK MANAGEMENT

Loss Prevention Unit

P.O. Box 94095

Baton Rouge, LA. 70804-9095

FORM DA 2000 REVISED 01/01/2000