



Westchester County Department of Correction

Preliminary

Employee Injury Investigative Report



Investigator: _____ Shield: _____ Date: _____

WHEN	Date of accident: _____ Time: _____ Report to Supervisor delayed? ☐ Yes ☐ No
	If yes, explain: _____
WHO	Person injured: _____ Age: _____
	Occupation: _____ Length of employment: _____ Yrs _____ Mons
INJURY	Nature of injury and injured body part (i.e.: bruise, cut, complains of pain etc.)
	Has employee returned to work? ☐ Yes ☐ No
WHERE	Exact location at which accident occurred: _____
WHAT	☐ Different Level Fall ☐ Struck By ☐ Strain / Overexertion ☐ Caught Between
	☐ Same Level Fall ☐ Push / Pull ☐ Struck Against ☐ Burns
	☐ Cut / Puncture ☐ Lift / Lower ☐ Motor Vehicle ☐ Carry / Hold
	☐ Body Fluids ☐ Fumes, dust, gas
	☐ Other (describe): _____
Was employee doing something other than required duties at time of accident? ☐ Yes ☐ No	
If yes, what and why: _____	
Description of accident (detail of what employee was doing and what physical objects, tools, machines, structures or equipment were included:	
WHY	What did the injured (or other person) do or fail to do that contributed directly to the accident?
	What defective or otherwise unsafe conditions of tools, equipment, machinery, structures or physical objects contributed directly to the accident?

P R E V E N T I O N		What action should be done and by whom to prevent reoccurrence of this type of accident?					
		What action are you taking to see this done?					
☐		List any person's / employee's on the scene at the time of the accident or injury:					
		Name:		Name:			
		Name:		Name:			
		Name:		Name:			
		Name:		Name:			
		Referred to the Department of Correction's Special Investigation Unit on: _____ Date					
		Supervisor Signature: _____ Date: _____					
		Comments by Division Head or designee and Program Administrator Health & Safety based on information provided:					
		Name of Division Head / Designee		Signature		Date	
		Name of Program Admin. Health & Safety		Signature		Date	