



**COUNTY OF ALAMEDA  
SUPERVISOR'S INVESTIGATION OF EMPLOYEE INJURY**

<b>Employee Name:</b> _____	<b>Date/Time of Injury:</b> _____
<b>Job Title:</b> _____	<b>Phone Number:</b> _____
<b>Witnesses:</b> _____	<b>Date Reported:</b> _____
<b>Nature of Injury:</b> _____	<b>Department:</b> _____
<b>Was medical treatment required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>QIC:</b> _____
<b>Name/Location of Physician:</b> _____	
<b>Did the employee return to work?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Date last worked?</b> _____	
<b>1. What job was employee doing when injury occurred?</b> _____	
<b>2. Where did injury occur?</b> _____	
<b>3. Describe accident and nature of injury:</b> _____	
<b>4. What act(s) or condition(s) may have contributed to the accident?</b>	
<input type="checkbox"/> Excessive or improper lifting	<input type="checkbox"/> Congested work area
<input type="checkbox"/> Unsafe clothing or footwear	<input type="checkbox"/> Unauthorized activity
<input type="checkbox"/> Unsafe floor or stair condition	<input type="checkbox"/> Override of safety device
<input type="checkbox"/> Safety procedure not followed	<input type="checkbox"/> Improper use of equipment
<input type="checkbox"/> Work environment/workstation	<input type="checkbox"/> Cumulative/repetitive activity
<input type="checkbox"/> Act of another	<input type="checkbox"/> Inattention
<input type="checkbox"/> Equipment failure	<input type="checkbox"/> Unsafe driving
<input type="checkbox"/> Other: _____	
<b>5. What can be done to prevent a reoccurrence or similar accident?</b> _____	
<b>Who will do it?</b> _____	
<b>Timetable?</b> _____	
<b>What assistance do you need for the corrective measure?</b> _____	
<b>Is a safety survey needed to determine corrective measure?</b> _____	
<b>Is money needed? (approx. amount)</b> _____	
<b>Are human resources needed? (type, number)</b> _____	
<b>6. Was the Employee Assistance Program and Peer Support services offered?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Supervisor</b> _____	<b>Phone No.</b> _____ <b>Date</b> _____
<b>Action taken to correct condition:</b> _____	
<b>If no action taken, why not?</b> _____	
<b>Agency/Dept. Safety Coordinator</b> _____	<b>Date</b> _____
<small>Distribution: County Safety Program Manager, Agency/Dept. Safety Coordinator, Employee,</small>	