



Chabot-Las Positas Community College District

7600 Dublin Blvd. 3rd 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	Off Campus? <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:		
D E S C R I P T I O N	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.			
A N A L Y S I S	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.			
P R E V E N T I O N	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: