

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

1515 Arapahoe Street
Denver, Colorado 80202-2117

SUPPORTING DOCUMENTATION

Title: Exhibit C - Accident Investigation
Related Document: SP-165 Worker's Compensation Benefits Policy
Source:
Author:
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EXHIBIT E

Accident Investigation

A First Report of Injury is being filed regarding _____ who experienced an injury/illness on

Since the health, safety and welfare of employees is the responsibility of management, the situation surrounding the accident or illness should be thoroughly investigated so as to identify the cause and initiate remedial action if necessary.

The following six questions are designed to assist the supervisor in conducting the investigation of the incident. You may investigate the situation yourself or you may delegate the process to a lower level supervisor who may be more knowledgeable of the circumstances surrounding the injury or illness. The investigation and the answers to the questions must be completed within four working days of receipt. Upon completion, please submit the original to the Office of Human Resources, Employee Health Unit along with the rest of the initial reporting packet.

A copy must be sent through the chain of command to your appointing authority.

1. What was the employee doing just prior to , and at the time of the injury?
2. Does the employee have any condition that may have contributed to the accident, e.g., eye sight, hearing, etc.?
3. Was the job being done in accordance with safe operating instructions or common safety standards, e.g., lifting, moving equipment, climbing, use of protective clothing or equipment, etc.?
4. Was there any situation or condition at the site where the accident/injury took place that contributed to the accident, e.g., exposed electrical outlets, cords, wet floors, debris in aisles, other housekeeping matters, the action or inaction of another worker, construction/moving, power outages, etc.? Please describe.
5. If tools, equipment and/or machines were involved, please identify what they were and indicate for each one the following: (a) were they suited for the job; (b) in good condition; (c) used with appropriate safety guards.
6. Has any action been taken to prevent such an accident or injury from occurring again? If so, what?

Signature of Person Conducting Investigation
Date

Signature of Organization Unit (Cost Center)

Date

Manager

(Original and 3 copies to Office of Risk Management - DOLE - 600 Grant, 9th Fl.)