

**INCIDENT INVESTIGATION  
HONOLULU COMMUNITY COLLEGE**

<b>Name of injured/affected:</b>	<b>Age:</b>	<b>Date of accident:</b>	<b>Time:</b>
<b>Unit:</b> <b>Specific location of accident:</b>	<b>Job Title:</b>		<b>How long on the job?</b>
<b>Nature of injury and part of body:</b> _____ _____ _____	<b>Severity of injury:</b> Fatality Lost workdays - days away from work Lost workdays - days of restricted activity Medical treatment First aid Other, specify _____		<b>Name/address of hospital and attending physician:</b> _____ _____ _____
<b>Task/activity at time of accident:</b> _____ _____	<b>Posture of employee:</b> _____ _____ _____	<b>Supervision at time of accident:</b> Directly supervised Indirectly supervised Not supervised Supervision not feasible	
<b>Employee was working:</b> Alone    With co-worker Other, specify _____			
<b>Describe how the accident occurred:</b>          			
<b>Causal Factors.</b> Describe events and conditions that contributed to the accident.          			
<b>Corrective Actions.</b> Include what have been done and will be done to prevent recurrence.          			
<b>Investigated by:</b> _____ Title: _____ Date: _____		<b>Reviewed by:</b> _____ Title: _____ Date: _____	
		<b>Reviewed by:</b> _____ Title: _____ Date: _____	