

City of Pittsburgh Incident Investigation Form

(Sections 1,2,3 to be completed by person conducting investigation)

CCR#: _____

SECTION 1

Name of Injured: _____ Employee Number: _____

Dept./Location where injury occurred: _____ Job Assigned: _____

SECTION 2

Date of Incident: _____ Time of Incident: _____ Type of Injury: _____

Date/Time reported: _____ To Whom: _____

Specific Location of Incident: _____

Supervisor at Time of Incident: _____

SECTION 3

Describe how incident occurred (list events leading up to the incident)

List causal factors (events and conditions contributing to the incident)

CORRECTIVE ACTIONS (To be completed by Direct Supervisor)

Action Required	Responsible Party	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investigated by: _____ Title: _____

Department: _____ Date: _____

Signature of Department Manager _____

***Complete all information above and Return to Safety – Injury Prevention Team within 72 hrs of Incident.**

Follow-up completed by the Safety or Injury Prevention Team

Action Completed	Date Completed
_____	_____
_____	_____
_____	_____

Follow up performed by: _____

Department: _____ Date: _____

cc: Department File
Supervisor
Safety –Injury Prevention

- _____ Fatality
- _____ Lost Work Day/ # of Days
- _____ Restricted Activity
- _____ Medical Only
- _____ Property Damage
- _____ Near Miss