

Town of Los Gatos
Injury/Incident Investigation Report

(Continue report on separate pages as warranted)

Date/Time of Occurrence	Date Reported	Location of Occurrence (Be specific and include department, vehicle or building)		
INJURY / ILLNESS		Full Name of Injured Persons (Use new report for additional people)	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
		Body Parts(s) Injured	Medical Treatment	
		List of Equipment or Property Damaged		
<i>Note: Retain items related to incident for later investigation</i>				
WITNESS(ES)	Witness	<u>Affiliation</u> ____	Department (If Town Staff)	Title (If Town Staff)
	Witness	<u>Affiliation</u> ____	Department (If Town Staff)	Title (If Town Staff)
	Witness	<u>Affiliation</u> ____	Department (If Town Staff)	Title (If Town Staff)
DESCRIPTION	Describe clearly what took place. How did the accident occur? Include location, materials, chemicals, equipment, and people involved. If a vehicle was involved, create a sketch on reverse or attached page. What was the employee doing when injured? Identify causal factors and describe the sequence of events. Attach photos.			
	<p>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 risk.</p> <p>Was a new/unusual procedure, tool, operation or person involved? Does data indicate prior similar incidents?</p>			
ANALYSIS				
PREVENTION	Describe the management action or controls that have or will be taken to reduce the potential for a reoccurrence.			
REVIEW	Investigated By	Date	Comments Trend and prior incident data reviewed?	
	Person(s) Accountable for Corrective Actions	Targeted Completion Date		
	Reviewed By	Reviewed Date		