



# Cherokee County Injury Investigation Report

Employee Name:	Employee's Department:	Date and Time of Injury/Illness:
Job Title:	Location of Accident:	
Date of First Report:	Job Being Performed:	Has Employee Performed this Job Before? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe in detail how the injury occurred (use additional paper if necessary).

Nature of Injury/Illness:

Part of Body Affected/Injured:

**INDICATE ALL OF THE FOLLOWING CONTRIBUTING FACTORS TO THE ACCIDENT:**

<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Lack of Experience	<input type="checkbox"/> Defective Equipment
<input type="checkbox"/> Employee Training	<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Procedure(s)
<input type="checkbox"/> Unsafe Conditions	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Improper PPE or PPE Not Used
<input type="checkbox"/> Violation of Safety Rules	Other	

Recommended Corrective Action(s):

Was Post-Accident Drug Test Administered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, Hospital/Location of Testing Facility	If No, Why Not?
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Signatures:	
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Employee	Date	Supervisor	Date
Printed Name of Person Filling Out Report		Date	