



Employee Injury Investigation Report

The purpose of this report is to provide Rutherford County with a supplemental investigation to assist in identifying all factors contributing to the alleged accident and implementing corrective action to prevent it from reoccurring.

This report should be completed along with the First Report of Injury.

Your full name	Date of Birth
Supervisor	Department/School

What job were you doing when the injury/illness occurred?	
On what date did your injury occur?	What time of day did your injury/illness occur?
Is this the first time you reported this injury/illness? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", when did you first report it?
To whom did you first report?	
Were you violating any work rules when the injury/illness occurred? <input type="checkbox"/> YES <input type="checkbox"/> NO	Were you performing your job as instructed? <input type="checkbox"/> YES <input type="checkbox"/> NO
What were you doing at the time your injury/illness occurred?	
Was any machine or other piece of equipment involved with your injury/illness? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", please explain in specifics:
Specifically what part of the body do you believe to be involved with your injury/illness?	
Have you ever had a similar injury/illness to the same or similar part of the body? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", please describe when and where:
Have you ever had medical treatment for the same or similar part of the body? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", please describe when and where:
Were you at your workstation at the time of the injury/illness? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO", please explain:
Were you standing or sitting when the injury/illness occurred?	Were there any witnesses to the injury/illness?

Employee's Signature

Date