

## ATTACHMENT "F"

**INCIDENT/INJURY REPORTING AND INVESTIGATION POLICY**

	<b>Northeastern Illinois Public Safety Training Academy</b> <b>INCIDENT/INJURY REPORTING &amp; INVESTIGATION POLICY</b>	
<b>Administrative Policy</b>		<b>709</b>
Effective Date: 8/23/19	Revised: 8/2021	Approved: <u>J. Ramaker</u> Executive Director

**PURPOSE**

Proper incident/injury reporting and investigation is important to the organization's overall goal of maintaining a safe environment for students/participants, employees, instructors/contractors, visitors and vendors. It is anticipated that thorough and honest documentation of such events will form the foundation for a comprehensive review process by the NIPSTA Safety Committee with the overall goal of reducing occurrences.

Accident prevention is key to reducing or eliminating the possibility of injury to employees, instructors/contractors, participants and visitors. The ability to learn from past incidents is valuable to the accident prevention program. Accident investigations determine not only what happened, but also how and why.

**SCOPE**

This policy is applicable to any actual incident or near-miss which did or could have resulted in an injury to a person or damage to property, including vehicles, props and facilities. This policy applies to employees, instructors/contractors, students/participants, visitors, vendors and any other individual visiting the NIPSTA campus.

**ADMINISTRATIVE/INVESTIGATIVE PROCEDURES and RESPONSIBILITIES****Executive Director or Designee:**

- Take immediate action to maintain campus safety based upon the specifics of the incident/event.
- Ensure all accidents, injuries and near-misses are investigated within 24 hours of the event.
- Perform a thorough investigation of all injuries, accidents and near misses. Ensure that both internal and required external reporting forms are properly and fully completed.
- Submit all pertinent reports to IRMA within forty-eight (48) hours of the event.
- Provide timely notification of the event to the Safety Committee.
- Permanently maintain all reports on file.
- Ensure proper entries are made on the *OSHA 300 Log* and *First Report of Injury* forms.
- Based upon the specifics of the incident and at the Executive Director's discretion, facilitate completion of a *NIPSTA Incident Investigation Form 709D* (for internal use only).

**Employees and Instructors/contractors:**

- Immediately report all accidents, injuries and near-misses to the Executive Director or their designee. See Attachment 709E.
- Immediately report all actual or potentially hazardous conditions to the Executive Director or their designee.
- Facilitate completion of Form 709A: *Individual Report of Incident/Injury* by all individuals affected by the event within twenty-four (24) hours of the incident.
- Complete Form 709B: *Administrative Incident/Injury Investigation Form* within twenty-four (24) hours of the incident.
- Facilitate completion of Form 709C: *Witness Statement Form* by all applicable witnesses within twenty-four (24) hours of the incident.
- Submit completed original forms to the Executive Director. Assist with incident investigation and record keeping as requested.

**Safety Committee:**

- Review all incident and injury reports as forwarded by the Executive Director.
- Provide follow up recommendations to the Executive Director, including possible disciplinary actions for NIPSTA employees and/or Independent Contractors as applicable and necessary.
- Ensure that remediation activities or recommended corrective actions are carried out in a timely manner.

**ATTACHMENTS**

709A: NIPSTA Individual Report of Incident/Injury Report Form

709B: NIPSTA Administrative Incident/Injury Report Form

709C: NIPSTA Witness Statement Form

709D: NIPSTA Incident Investigation Form (Internal Use Only)

709E: NIPSTA Incident/Injury Reporting Process for Instructors/contractors – Check-Off List

**DISTRIBUTION**

- NIPSTA Employees
- NIPSTA Leadership Council
- Instructor/Contractor Portal
- Applicable NIPSTA Policy Manual(s)
- File

**REFERENCES**

Internal: None

External: IRMA Model Risk Management Template, 1/2019  
IRMA Member Claims Coordinator Manual

**DATES**

Origination:

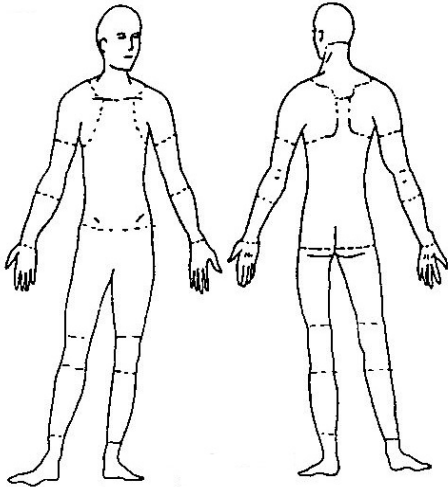
Last Review: August 2019

Next Review: August 2022



What parts of your body were injured? If a near miss, how could you have been hurt?

Affected body part(s) (circle all that apply):



Nature of Injury/Illness (check all that apply):

- Abrasion
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Crushing Injury
- Head Injury
- Laceration, puncture
- Loss of consciousness
- Medical illness
- Sprain, strain
- Weather related illness
- Pain (describe) \_\_\_\_\_
- Other \_\_\_\_\_

Has this part of your body been injured before?

Yes     No

If yes, when?

***I have read the above statement and it is true and complete to the best of my knowledge:***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



**Northeastern Illinois Public Safety Training Academy  
Administrative Incident/Injury Report - Form 709B**

**Instructions:** NIPSTA staff or instructors shall complete this form within 24 hours after an incident that has resulted in or could have resulted in serious injury or illness.

This is a report of a(n): <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Facility Damage	
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Instructor Other _____

**Step 1: Details on the Injured Person (complete this part for each injured person)**

Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Affiliation:	Title (as applicable):	
Affected body part(s): (circle all that apply)	Nature of Injury/Illness (check all that apply):	
	<input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Head Injury <input type="checkbox"/> Laceration, puncture <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Medical illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Weather related illness <input type="checkbox"/> Pain (describe) _____ <input type="checkbox"/> Other _____	

**Step 2: Describe the Incident**

Exact Location of the Incident:

Exact Time:

Names and Affiliations of Witnesses (if any):

What personal protective equipment was being used (if any)?

Describe, step-by-step, the events that led up to the injury, illness or event. Include names of any machines, parts, objects, tools, materials and other important details.

**Step 3: First impressions.... Why did the incident occur?**Unsafe Workplace Conditions: (check all that apply)

- Inadequate guard
- Unguarded hazard
- Defective safety device
- Defective tool(s) or equipment
- Hazardous workstation layout
- Unsafe lighting
- Unsafe ventilation
- Lack of required personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training
- Other: \_\_\_\_\_

Unsafe Acts by People: (check all that apply)

- Operating without permission
- Operating at unsafe speed
- Servicing equipment receiving power
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools
- Other: \_\_\_\_\_

Did any potentially unsafe conditions exist?			
Did any potentially unsafe acts occur?			
Was there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, describe:			
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A			
<b>Step 4: Who completed and reviewed this form? (Please Print)</b>			
<b><i>Acknowledgement: I have read the above statement/document and it is true and complete to the best of my knowledge.</i></b>			
Written by:		Title:	
Affiliation:		Date:	
Signature:			
Name of Injured Person's Supervisor:		Date and Time Contacted:	
Reviewed by:		Title:	
		Date:	
Names of investigation team members (as applicable):			
ATTACHMENTS?	Written witness statements	Photographs	Maps / drawings

**TO BE COMPLETED BY SAFETY COMMITTEE****Step 5: How can future incidents be prevented?**

Date Reviewed: \_\_\_\_\_

What changes are recommended to prevent this incident/near miss from happening again?

- Stop this activity   
 Guard the hazard   
 Train the participant (s)   
 Train the supervisor(s)
- Redesign task steps   
 Redesign work station   
 Write a new policy/rule   
 Enforce existing policy
- Routinely inspect for the hazard   
 Issue Personal Protective Equipment   
 Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:



**Northeastern Illinois Public Safety Training Academy  
Witness Statement - Form 709C**

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**Instructions:** **This form shall be completed by the witness** within 24 hours of the incident, injury or event.

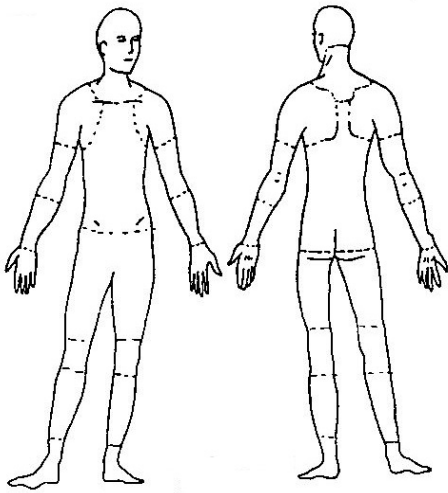
I am reporting a(n): <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Facility Damage	
Your Name:	
Your Department/Employer:	
NIPSTA affiliation (Circle one):    Employee    Instructor/contractor    Participant    Visitor	
Telephone Number:	Email Address:
Date of injury/near miss:	Time of injury/near miss:
Names of other witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the accident/injury/near miss (continue on the back if necessary):	



What could have been done to prevent this accident/injury/near miss?

What parts of the affected person's body were injured? If a near miss, how could they have been hurt?

Affected body part(s) (circle all that apply):



Nature of Injury/Illness (check all that apply):

- Abrasion
- Amputation
- Broken bone
- Bruise
- Burn (heat)
- Burn (chemical)
- Crushing Injury
- Head Injury
- Laceration, puncture
- Loss of consciousness
- Medical illness
- Sprain, strain
- Weather related illness
- Pain (describe) \_\_\_\_\_
- Other \_\_\_\_\_

***I have read the above statement and it is true and complete to the best of my knowledge:***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



## NIPSTA Incident Investigation Form-709D

### FOR INTERNAL USE ONLY

Date of Incident: [Click here to enter a date.](#) Time of Incident: [Click here to enter text.](#)

Location of Incident: NIPSTA Main Campus  Off-Site

Specific Location: [Click here to enter text.](#)

Was a person injured? Yes  No

Category of Injured Person: Student  Department: [Click here to enter text.](#)  
 Instructor/contractor  Visitor  Employee   
 Other: [Click here to enter text.](#)

Was a training prop involved? Yes  No   
 If yes, identify prop: [Click here to enter text.](#)

Prop Taken Out of Service? Yes  No   
 Date: [Click here to enter a date.](#)

Course/Program Title (if applicable): [Click here to enter text.](#)

Program Coordinator: [Click here to enter text.](#)

Safety Officer: [Click here to enter text.](#)

Names of Instructors/Contractors Present: [Click here to enter text.](#)

Names/Departments of Witnesses: [Click here to enter text.](#)

NIPSTA *Individual Report of Incident/Injury Form 709A* Completed? Yes  No

NIPSTA *Administrative Incident/Injury Report Form 709B* Completed? Yes  No

Witness Statement(s) Secured (*Form 709C*)? Yes  No  Reason if no: [Click here to enter text.](#)

Date Investigation Initiated: [Click here to enter a date.](#)

Date Investigation Completed: [Click here to enter a date.](#)

Person Investigating Incident: [Click here to enter text.](#)

Method of Investigator Notification: [Click here to enter text.](#)

Date Investigation Report Provided to NIPSTA Administration: [Click here to enter a date.](#)

Narrative describing incident, including sequence of events, and extent/description of damage (as applicable):  
[Click here to enter text.](#)

List any possible basic causes, direct causes or indirect causes:  
[Click here to enter text.](#)

Date investigation was reviewed by NIPSTA Safety Committee: [Click here to enter a date.](#)

Considerations for the NIPSTA Safety Committee:  
[Click here to enter text.](#)

Final Recommendations by the NIPSTA Safety Committee:  
[Click here to enter text.](#)

Date Formal Investigation Closed: [Click here to enter a date.](#)

Final Follow Up with Employer/Department (as applicable): [Click here to enter text.](#)

Attachments:

- NIPSTA Individual Report of Incident/Injury Form 709A
- NIPSTA Administrative Incident/Injury Report Form 709B
- NIPSTA Witness Statement(s) Form 709C
- IRMA Incident/First Aid Report
- IRMA Form 45: Employer's First Report of injury
- Other: [Click here to enter text.](#)

*I have read this statement/document and it is true and complete to the best of my knowledge.*

Person completing report: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Signature: \_\_\_\_\_



## **INCIDENT/INJURY REPORTING CHECKLIST for INSTRUCTORS-709E**

- \_\_\_\_\_ 1. Call 911, as applicable.
- \_\_\_\_\_ 2. Secure the scene in order to prevent the event from continuing.
- \_\_\_\_\_ 3. Ensure that other instructors are aware of the situation.
- \_\_\_\_\_ 4. Notify the Executive Director or their designee.
- \_\_\_\_\_ 5. Notify the sponsoring department via telephone, as applicable.
- \_\_\_\_\_ 6. Request that the affected/injured person completes the *Individual Report of Incident/Injury Form #709A*.
- \_\_\_\_\_ 7. Complete the *Administrative Incident/Injury Report Form #709B*.
- \_\_\_\_\_ 8. Secure *Witness Statements*, as applicable (Form #709C).
- \_\_\_\_\_ 9. Submit all original paperwork to the Executive Director.