



Incident Investigation and Reporting Program

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Prepared By

**The North Carolina Office of State Human Resources
 Division of Safety, Health and Workers' Compensation**

Incident Investigation and Reporting Program

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Incident Investigation and Reporting Program

I. Purpose

The purpose of the State of North Carolina's Incident Investigation and Reporting Program is to provide supervisors with investigation techniques, documentation and training to ensure the effective investigation of all incidents and near hits. The investigation program will result in the identification of root cause(s) and development of corrective actions to prevent future occurrences. The program will give management tools to track incidents, look for trends, and share information to develop injury prevention programs.

II. Scope

As an employer, the state recognizes the impact of human suffering and the direct and indirect cost associated with injuries and incidents in the workplace. Training supervisors will conduct effective investigations to determine the causes and appropriate corrective actions needed to ensure that practices are consistent with a desire to prevent injuries through the identification of risks and unsafe behaviors. This section applies to all state agencies and universities (hereafter the term "agency" is inclusive of both agency and university.)

III. Requirements

All state agencies shall implement an Incident Investigation and Reporting Program designed to meet, or exceed, these minimum reporting and documentation requirements. Employees are required to report all incidents, near hits and property damage, and they are also required to complete documentation. Supervisors will investigate all incidents, near hits, property damage; will determine root causes and will identify appropriate corrective actions. The supervisor's investigation will identify injuries to other parties as a result of state operations or property damage to another party as a result of State operations.

The North Carolina Department of Labor and the Office of State Human Resources has reporting requirements for a hospitalization, amputation, loss of one or both eyes and a fatality, see Protocol for Reporting Amputations, Loss of Eye(s), Hospitalizations, and Fatalities (Appendix A) and Investigations of News Worthy Incidents and Fatalities (Appendix B).

It is the requirement of the State to provide a place of employment that is free from recognized hazards that cause or are likely to cause physical harm to employees or the public. Engineering controls, administrative controls, personal protective equipment (PPE) and proper training will be implemented, when hazards exist that cannot be eliminated. These measures will be implemented to minimize those hazards to ensure the safety of employees and the public.

IV. Background

There are currently no specific OSHA standards for incident investigation, yet the process is mentioned in the preambles (background to final OSHA rules) and directives (instructions for compliance officers).

V. Definitions

Administrative (or Work Practice) Controls: Procedures that are used to reduce the duration, frequency or severity of exposure to a hazard. These may include work methods training, job rotation and gradual introduction to work.

Engineering Controls: A method of eliminating or reducing the quantity or severity of job risk factors by redesigning equipment, processes, tools and workstations.

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Incident: An undesired event which resulted in personal injury, damage to property, or loss of process or materials.

Near Hit: An incident where no property was damaged and no personal injury sustained, but where damage and/or injury easily could have occurred given a slight shift in time or position.

Personal Protective Equipment (PPE): Gloves, safety glasses, kneepads and other equipment worn by employees that may help reduce hazards until other controls can be implemented, or to supplement existing controls.

Root Cause: The primary cause of an incident or near hit. They are not always obvious, and may include items like lack of training, poor Safety Leadership, lack of rule enforcement or poor safety procedures.

Contributing Factors: While not the primary cause of the incident or near miss, a condition or practice that contributed to the likelihood or severity of the event. Fatigue, inexperienced employee, or hurried procedure could be contributing factors to an incident.

VI. Program Responsibilities

Human Resource (HR) Director: Each agency HR Director must appoint one or more Program Administrator(s) based on the agency or university's needs. All management supports the efforts of the Program Administrators and the Safety Committees by pledging financial and leadership support for the investigation of incidents and near hit events. Management supports an effective incident reporting system and responds promptly to all reports provided. Management includes an emphasis on safety and loss prevention in periodic communications to employees.

Program Administrator: The Incident Investigation Program Administrator reports to a management position which is responsible for ensuring the effectiveness of this program. Evaluations, investigations, training and recommended solutions are conducted in manner consistent with the procedures developed by the Program Administrator in collaboration with management. The Program Administrator:

- Monitors the results of the program and determines additional areas of focus that are needed.
- Ensures that safety committees are actively involved with reviewing incidents and near hits data.
- Provides a system to help assure that supervisors and employees are properly trained to conduct incident investigations.
- Ensures a system is in place for employees to report incidents and near hits.
- Ensures maintenance of accurate records and documentation submission to the Workers' Compensation Administrator in their agency within two business day of receiving the written reports.
- Reviews corrective actions and tracks actions to completion.
- Notifies senior management of hazards that are not minimized or eliminated in a timely manner.
- Conducts an annual review to determine the effectiveness of the employee and supervisor training, by looking at the causes identified and corrective actions of each report. The annual review also will consider management support to remedy hazards identified.

Managers and Supervisors:

- Demonstrate their acknowledgement of responsibility and accountability for the health and safety of all employees within their departments through their active support of the incident investigation program.
- Receive appropriate incident prevention and investigation training in order to ensure implementation of this program.
- Ensure that employees under their supervision have received the appropriate training.
- Ensure that the incident investigation process is initiated within 24 hours of an incident.

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- Implement corrective actions and ensure they are completed appropriately through active follow-up in a timely manner.
- Follow the procedures outlined in Workers' Compensation: What To Do in Case of a Work-Related Injury (Appendix C).

Employee: Every employee working for the State is responsible for conducting himself/herself in accordance with this policy and program. All employees will:

- Receive appropriate training for and understanding of incidents and near-hit prevention and reporting procedures.
- Report all incidents and near hits as soon as possible to their supervisor.
- Correct safety deficiencies that are within their control immediately.
- Actively participate in the investigation process to help determine hazards and appropriate corrective actions.

Workers' Compensation Administrator: The Workers' Compensation Administrator will notify the local Safety Leader and the Program Administrator of all injuries. The Administrator will also fax the NC Employee Incident Report (Appendix D), the NC Supervisor Incident Investigation Report (Appendix E.), and the NC Witness Statement Form (Appendix F) to the third party administrator within one business day of receiving these reports.

Safety Committee Members: The Safety Committee Chairperson will review all incident reports, protect confidential information, share the details of the incident, hazards identified, and corrective actions with the committee. The Safety Committee will determine if additional corrective actions are needed to prevent further injuries. They will decide best methods to alert employees to hazards, as currently being done in the Hazard Recognition Program "Be a Hazard Hero". The committee will look at both the Hazard Hero reports and Incident Reports to determine which injury prevention programs are needed.

VII. Reporting and Documentation

All employees are required to report any incident or near hit to their supervisor immediately. The incident investigation should be started as soon as possible after the incident occurs, once appropriate first aid and medical treatment has been rendered (if needed). Employees must complete the NC Employee Incident Report and give it to their supervisor immediately, or no later than 24 hours after the incident.

Supervisors must contact the local Safety Director, Workers' Compensation Administrator and the Program Administrator as soon as they are notified. The NC Supervisor Incident Investigation Report or its equivalent is to be used by the supervisor to document the details of an incident or near hit.

Supervisors/Managers are to begin the incident investigation process within 24 hours of notification of the incident. The supervisor will obtain the Managers' signature and forward signed copies of the NC Employee Incident Report, NC Supervisor Incident Investigation Report and NC Witness Report(s) to the Program Administrator within 72 hours of the incident or near hit.

The Program Administrator will review these reports and monitor for thoroughness, appropriate solutions and track corrective actions to completion. The reports will then be sent to the Worker's Compensation Administrator (WCA), Local Safety Contact, Safety Committee Chairperson and Agency Safety Director within two business days. The agency Safety Director and/or the Program Administrator will contact OSHR if further assistance is needed in the investigation process.

VIII. Event Reconstruction

In order to discover the root cause(s) of an incident or near hit, you must reconstruct the chain of events and decisions that occurred prior to the incident. Be open-minded because it is easy to jump to conclusions. Be sure to focus on the events that **did** happen instead of those that were supposed to

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happen. Assigning blame to employees is **not** the purpose of this program. Within 24 hours, the manager or supervisor will begin interviewing employees who were present prior to or after the incident and others who are familiar with the related process or work practices. All individuals will be interviewed separately. Each witness must complete the NC Witness Statement Form (Appendix F).

An incident or near hit investigation should include an event timeline. This timeline should start with the incident or near hit and be developed *in reverse* using information obtained from the interviews. Each task, event and employee decision that took place should be added to the timeline. Also, the timeline should include all physical and emotional conditions known at the time of each action, event or decision along with the employee's knowledge, motivation, goals and focus at the time of any action, event or decision.

Of all operation failures, approximately 10 percent are equipment failures and 90 percent are due to human error. Of those human errors, 30 percent are a result of mental lapses that cannot be remedied and 70 percent are due to a problem or conflict within the system/process. Therefore, unless an incident can be solely attributed to equipment failure, the investigation should focus on the *process* and what changes could be made to limit the impact of human error.

IX. Identifying Root Cause(s)

Supervisors should use a team approach to determine all causes of the incident. Employees feel valued when their input is requested to identify hazards, causes and effective solutions. At a minimum, the employee's supervisor, the Program Administrator and the affected employee should be involved in the incident investigation. Maintenance employees, engineering staff, safety committee members, etc. are often an asset in the gathering and processing of information and determining corrective actions. Compliance with workplace changes is much easier when input is obtained from employees. After the timeline has been established, the investigator(s) will identify the root cause(s) and contributing factors to the incident or near hit.

The simplest method is known as the "5 whys." In this question-asking technique, the investigator asks the same question repeatedly: "What caused or allowed this condition/practice to occur?" or simply "Why?" – until the root cause(s) are found.

The example below illustrates how the 5 whys might be applied to an incident.

The Problem: The light bulb will not illuminate

1. *Why?* – The filament inside the bulb is broken.
2. *Why?* – The light fixture is not functioning.
3. *Why?* – The light fixture contains a broken wire.
4. *Why?* – The electrical breaker that provides electricity to the light fixture may be beyond its useful service life and may need to be replaced.
5. *Why?* – I have not been maintaining my electrical breaker panel according to the recommended service schedule. (*Now the root cause of the problem has been identified.*)

Root causes:

Lack of a preventive maintenance program, lack of employee training on hazardous energy control and poor management as demonstrated by unwillingness to implement existing programs

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For more complex investigations involving equipment, tasks and processes a more detailed line of questioning will provide valuable information to determine all causes. Here are some examples of relevant questions that can be used to better determine what set up the situation that resulted in an incident.

Tasks and Procedures

1. Is there a written procedure?
2. Was the procedure used?
3. Had conditions changed to make the normal procedure unsafe?
4. Were the appropriate tools and materials available?
5. Were they used?
6. Were safety devices working properly?
7. Was lockout used when necessary?
7. Was the employee tired?
8. Was the employee under stress (work or personal)?
9. Any indication of drug or alcohol use?

Equipment Related Incidents

1. Was there an equipment failure?
2. What caused the equipment to fail?
3. Were hazardous substances involved?
4. Were the substances clearly identified?
5. Was a less hazardous alternative substance possible and available?
6. Should personal protective equipment (PPE) have been worn?
7. Was the PPE used?
8. Were users of PPE properly fitted, trained & documented?

Personal Factors

1. Were workers experienced in the work performed?
2. Have workers been adequately trained?
3. How much overtime is being worked?
4. Does the employee have a second job that does not allow for recovery between shifts?
5. Can the employee physically do the work?
6. What was the status of the employee's health?

Environmental Factors

1. Were there changes in the normal work environment? (especially sudden changes)
2. What were the weather conditions and humidity?
3. Was poor housekeeping a problem?
4. Was it too hot or too cold?
5. Was noise a problem?
6. Was there adequate light?
7. Were toxic or hazardous gases, dusts, or fumes present?

Root Causes

1. Were safety rules communicated to and understood by all employees?
2. Were written procedures and orientation available?
3. Were rules and procedures being enforced?
4. Was there adequate supervision?
5. Were workers trained to do the work?
6. Had hazards been previously identified?
7. Had procedures been developed to overcome hazards and prevent injuries?
8. Were unsafe conditions corrected?
9. Was regular maintenance of equipment carried out?
10. Were regular safety inspections carried out?

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X. Recommending Specific Solutions

After the root causes are identified, corrective actions will be identified to reduce or eliminate those hazardous conditions. The manager/supervisor and employees will develop and propose specific improvements that are operationally feasible and are based on risk and opportunity of exposure. As a minimum, for serious incidents or near hits, the Program Administrator, or their designee, should participate in the incident investigation and determination of solutions to prevent recurrence. In these cases the Program Administrator should provide validation, final approval, and input into the implementation strategy.

When selecting and recommending these corrective actions, possible solutions will be prioritized using the following hierarchy. In this hierarchy of hazard control, the most desirable solutions come from the first level, with the following levels offering increasingly less desirable options.

1. Elimination – eliminating the hazard from the workplace
2. Substitution – replacing a hazardous substance or activity with a less hazardous one
3. Engineering controls – providing guards, ventilation or other equipment to control the hazard
4. Administrative controls – developing policies and procedures for safe work practices
5. Personal protective equipment – using respirators, earplugs, safety glasses, etc.

Corrective actions need to be as specific as possible. “Be Careful” is not an acceptable corrective action.

Monitoring Changes: Once implemented, corrective actions will be monitored by the manager/supervisor for effectiveness to verify that net risk has been decreased, and to determine that the root cause of the incident has been eliminated or reduced. Where appropriate, the manager/supervisor should conduct follow-up interviews with employees who were part of the incident investigation to determine if the implemented corrective actions require any adjustments to provide maximum safety to the employees. The Safety Committees should review the corrective actions to ensure that the corrective actions remain effective.

XI. Employee and Supervisor Training

Employees will receive training about this program and how it will be applied when investigating incidents and near hits. Upon hire or promotion into their position, managers and supervisors will be appropriately trained on the State of North Carolina’s incident prevention and investigation philosophy and the methods that should be used to conduct an incident investigation according to this program. Employees and supervisors should receive appropriate refresher training.

The minimum training for all employees will include the following elements:

- An explanation of the Incident Prevention and Investigation Program and roles.
- An emphasis on the importance and method of prompt reporting of incidents and near hits.
- Review of the employee incident form, the supervisor investigation form and the NC Witness Statement Form (Appendix F) with emphasis on determining root causes, contributing factors and corrective actions.

XII. Periodic Program Review

Management and safety committees have tools available through our workers compensation program to review data and look for trends, such as main injury types, sources of injury, age, time of day, day of week, gender, work location, body part injured and date hired. Conducting trend analysis helps agencies focus on injury prevention programs yet it is a trailing indicator which means that the incident has already occurred.

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The Program Administrator will conduct an annual program review to assess the progress and success of the program. The review will consider the following:

- Evaluation of incident/near hit training programs and records
- The need for retraining managers, supervisors and employees
- The length of time between incident, reporting, investigations and implementation of corrective actions
- The program's success based upon comparison to previous years, using the following criteria:
 - Frequency of incident and near hits
 - Frequency of workers' compensation claims
 - Employee feedback through tools such as direct interviews, walk-through observations, written surveys, questionnaires, and re-evaluations

The annual review report will be submitted to senior management: see NC Annual Incident Program Evaluation Report (Appendix G).

XIII. Record Retention

The State of North Carolina will maintain the information from incident investigations for 30 years past the employee separation date. All incident investigation records will be kept by the Program Administrator.

XIV. Resources

The following resources listed herein are considered part of the workplace safety program requirements for this section:

1. [NC General Statute 195-43](#)-Recordkeeping and Reporting
2. [NC General Statute 195-148](#)-Safety and health programs of State agencies and local governments
3. [NC OSHR Personnel Manual, Chapter 8 State Employees Workplace Requirements Program for Safety and Health*](#)
4. [Occupational Health and Safety Administration \(OSHA\) Accident Investigation](#)
5. [Occupational Health and Safety Administration \(OSHA\) Recordkeeping](#)
6. [North Carolina Industrial Commission \(NCIC\)](#)
7. [Canadian Centre for Occupational Health and Safety \(CCOHS\) OSH Answers](#)
8. [Oregon OSHA](#)

*Office of State Personnel (OSP) is now Office of State Human Resources (OSHR).

XV. Revision History

Revision 1: 02/01/2015

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Appendix A

OSHR Protocol for Reporting Amputations, Loss of Eye(s), Hospitalizations, and Fatalities

It is important to report any and all accidents that occur in your workplace. However, injuries that result in fatality, amputation or hospitalization involving state, contract or temporary employees, the following action steps shall be completed immediately!

1. Call your Agency/University Human Resources Director and/or your Agency/University Safety Leader.
2. Call the NC Department of Labor during working hours (8 a.m. to 5 p.m.) at 919-779-8560 or at 1-800-625-2267. After working hours, (5 p.m. to 8 a.m.), weekends or holidays, call State Capitol Police at (919) 733-3333.
3. Call a member of the OSHR Safety and Health Division (listed below).
Be prepared to provide contact information, addresses and telephone numbers for the person(s) involved.
4. Follow-up with an e-mail or fax to OSHR staff listed below: (All e-mails and faxes are public information – Be sensitive and utilize discretion when describing the incident details).

The Office of State Human Resources will notify the Governor's Office. The responsibility of OSHR is to assist in the investigation of the incident.

Name	Telephone	Email	Fax
John Bogner	(919) 807-4897	John.Bogner@nc.gov	(919) 733-0653
Doug Gaylord	(919) 807-4877	Doug.Gaylord@nc.gov	(919) 733-0653
Kathy Conner	(919) 807-4824	Kathy.Conner@nc.gov	(919) 733-0653
OSHR Main Number	(919) 807-4800		

***Effective January 1, 2015**, Employers are required to contact OSHA for all work-related inpatient hospitalizations, all amputations and all losses of an eye within 24 hours. An amputation is the traumatic loss of a limb or other external body part. Amputations include a part, such as a limb or appendage that has been severed, cut off, amputated (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of body parts that have since been reattached. Amputations do not include avulsions (tissue torn away from the body), enucleations (removal of the eyeball), degloving (skin torn away from the underlying tissue), scalpings (removal of the scalp), severed ears, or broken or chipped teeth.

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Appendix B

Investigations of Newsworthy Incidents and Fatalities

Unless otherwise designated, supervisors and employees shall not release information to the news media concerning incidents (personal injury or property damage) resulting from State operations. All information released to the media is to be provided by the agency legal personnel or Public Information Officer or other designated personnel. Employees must instruct inquiring news media personnel to contact the appropriate individual(s).

News of serious injury or death of an employee to the spouse or parents of that employee should come directly from the agency, not from the news media, and preferably by personal contact. Notice through the agency ensures that relatives get factual information and the latest information available. Personal contact provides consideration of the relative's reactions and will prove beneficial in human relations with all employees. Just the brief presence of a supervisor or agency official is often meaningful to and appreciated by the relative. A suggested procedure is to contact the employee's supervisor. Top management should then arrange a visit to the relative.

Serious accidents are to be investigated by an investigative team that should include the employee's supervisor, a peer of the employee, and any technical or safety personnel necessary as conditions warrant. Conditions at an accident scene change quickly. People generally react rather than respond to an accident. Unless they are well trained, their reactions are not always rational. The less time intervening between an incident and its investigation, the more accurate the information that can be obtained.

Evidence is lost if there is any delay because it may be altered, or removed, from the accident site before it is noticed and recorded. For example, injured people are frequently removed for treatment or equipment is moved to provide passage and/or restore operational work. Prompt arrival at the scene allows the investigator to observe evidence before it has been removed or altered.

An incident investigation is an analysis, evaluation and report of an incident, based on information gathered by an investigator. The quality and usefulness of the information is directly related to the degree of thoroughness of the investigation. It is essential to pre-plan investigations so that the appropriate people know how and to whom to report incidents. People that are responsible for the incident investigation must know what to do, and they must ensure that any necessary equipment for conducting an investigation is available.

Incident Investigation Equipment

An investigator will generally need several items of equipment appropriate to the facility and the environmental conditions. A basic kit should be prepared in advance and readily portable to the accident scene. Each item should be accessible without unpacking and repacking other items. Always remember to take any necessary precautions for infectious disease control.

The following is a list of useful materials for an accident investigation kit:

- Phone or camera with flash and audio/video recording equipment
- Notebook or clipboard with paper, pens, or pencils (include investigation instructions, NC Witness Statement Forms, graph paper, and photo logs)
- Assorted plastic bags and envelopes for the collection of solids
- Aluminum foil for wrapping parts to prevent corrosion or contamination
- Paper towels to pad parts or protect fracture zones, or for cleaning
- Adhesive labels to affix onto wrapped parts for identification later
- Chalk and yellow crayon for marking floors, surfaces, equipment, or materials to identify positions
- Flashlight and lantern (spare batteries or bulbs)
- Tape measure and ruler

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- Cardboard tags with string ties to label small parts or items
- Scale
- Barricade tape
- Fluid sample container (appropriate for collection of fuel, lubricants, or other fluids)
- Gloves
- Safety glasses
- Hard hat
- Traffic safety vest

Incident Site Diagrams and Photographs

Diagrams are prepared if they can contribute to the Investigation Report. Only information essential to understanding the accident situation should be included on diagrams. Diagrams should be easy to understand, accurate, and well-drawn. The viewer should be able to easily orient himself/herself and place critical items in the drawing. An aerial view is common and a side view should be prepared if it will assist in clarifying the situation. A scene can often be sketched more clearly than photographed by eliminating irrelevant details and adding measurements. Some guidelines to follow when sketching a diagram are as follows:

- Use graph paper. Let each square represent a fixed distance such as a foot (write the scale at the bottom of the paper). Use a strip of the graph paper to measure diagonals on the sketch.
- Measurements should start from a precise point (or object) that can be identified at the site at a later time in other maps, drawings, blueprints, or photographs. Precise reference points are fixed points for example, a column, pole, building, hydrant, or doorway. Measurement of indefinite points such as an impact point or an area of debris should be fixed by measurement from a permanent object. The position should be fixed by triangulation or measurement from two fixed points.
- Orient each sketch with an arrow, pointing north. If the diagram is used to orient photographs, mark the camera position with a letter or number inside of a circle with an arrow and include the letter or number on the back of each photograph.
- Note the location of witnesses present at the time of the accident.
- Locate important objects by using an approximate outline. Label large objects inside their outline and small objects outside their outline with an arrow drawn to the object. Use double letters to identify reference points and single letters to identify items of evidence in a sketch log if the diagram contains a lot of details.
- The person making the diagram should include their signature, date, time and location on the sketch. If photographs are taken, the photographer's signature, date and time the photograph was taken, description of the object photographed, and camera position (facing N, S, E, or W), should be noted on the back of the photograph. Diagrams should only be cross-referenced in an accident report if they are completely self-explanatory.

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Appendix C

Workers' Compensation: What to Do in Case of a Work-Related Injury

Employee's Responsibilities In The Event Of A Job-Related Injury Or Illness

1. Report all injuries to your supervisor immediately and no later than the end of the business day.
2. Obtain a Medical Authorization form from your supervisor to take to the physician.
3. Seek appropriate medical attention from the Preferred Provider Authorized Network Physician or as directed by the Workers' Compensation Administrator (WCA).

NOTE: In the case of a life-threatening emergency Dial 911! Notify the Third Party Administrator (TPA) and your Safety & Health Division immediately in catastrophic cases, amputations, loss of one or both eyes or hospitalization of any worker.

4. Return to work after your medical treatment unless your authorized physician provides you with a written authorization prohibiting your return to work.
5. All medical notes given to you by the authorized treating physician must be given to your supervisor within 24 hours for submittal to the WCA.
6. Provide all out of work, return to work and any restriction orders from the authorized treating physician to your supervisor within 24 hours.
7. You must follow all medical restrictions, as your recovery is a major concern to your agency/university.
8. Provide the Employee's Incident Report and Leave Option Form to your supervisor within 24 hours of the injury.
9. Follow any transitional duty assigned to you as a part of your agency/university Return to Work Program.
10. Follow safe work practices!
11. If you have questions about your claim call the agency/university WCA.

Supervisor's Responsibilities during an Employee's Job-Related Injury or Illness

1. Ensure that your injured employee receives immediate and appropriate medical attention.
2. Provide transportation for the initial visit.
3. Direct your employee to the authorized Urgent Care Facility in your area as listed in the Preferred Provider List, unless it is a life threatening injury.

NOTE: Be Proactive! Prior to injuries; identify the authorized urgent care facilities in your area.

4. Provide the employee with a medical authorization form to take to the physician at each visit.
5. Report the injury immediately to your agency WCA and Safety Officer.
6. Complete the required documentation: a NC Industrial Commission Form 19 (<http://www.ic.nc.gov/forms/form19.pdf>), a Treatment Authorization Form specific to your agency, and a NC Employee Incident Report (see Appendix D). These must be forwarded to the Worker's Compensation Administrator within 24 hours of the injury.
7. The supervisor must send the NC Employee Incident Report, NC Supervisor's Incident Investigation Report and NC Witness Reports (if applicable) within 72 hours to the Program Administration.
8. Conduct the incident investigation to determine the cause of the accident and correct unsafe conditions immediately.
9. Communicate with injured employees to ensure their needs are met. If the employee is out of work, make contact weekly.
10. Assign transitional duty work when employee is medically able to return to work.

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Appendix D

NC Employee Incident Report



NORTH CAROLINA EMPLOYEE INCIDENT REPORT

Instructions: Employee must complete report. If more room is needed, continue in a Word document and attach it to this submission.

Employees are required to complete this form for all incidents and near hits. This form should be completed in its entirety and should be an accurate and truthful account of the accident/incident. Providing false and/or misleading information may result in disciplinary action up to or including dismissal and/or additional criminal and/or civil liability. This form should be completed by the employee only.

Supervisor Review: If an employee is unable to complete this form, the Supervisor must list reason(s) for assisting or completing this report.

My signature below certifies that the information I have provided is true and accurate. I further understand that this information may be used to determine whether the claim will be paid or denied and that I should not complete this form unless there are exceptional circumstances present preventing the employee from completing this form. Check Not applicable (employee completed form) or sign below if you assisted with the completion of this form.

Supervisor Name: _____ Signature: _____

Employee Information		Date/Location Information	
Name (Full): _____		Date of Incident: / /	Time of Day: _____
Employee ID #: _____		Date Reported to Supervisor: / /	Time of Day: _____
Job Title: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Work Address: _____	
Telephone #: _____			
Department: _____	Incident Location (address, Building name, office, cross streets, fire name, woods, facility, room #, etc.): _____		
Agency/University: _____			
Supervisor: _____			
Date Hired: _____	Time in Current Job: _____	County: _____	

Witness Information

Were there any witnesses to the incident? Yes No Number of Witnesses (if applicable): _____

If yes, list all known witnesses/ phone #'s below, please include additional names on attachment if needed.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Medical Information

Part(s) of the body injured: _____

Prior to this accident/incident, have you ever been hurt, suffered injury, or received treatment for the body part(s) listed above? Yes No

If yes, please provide the date of prior injury, type of injury, names of treating physician or practice group.

Description of Accident/Incident

What was the root cause of the incident? Ask why, and then ask why again. (e.g. Why? I slipped on scrap metal. Why? The work area was not cleaned up. Why? I was rushing to get project done and did not take time to clean up the work area.)

Suggested Corrective Actions

I hereby certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Employee Name _____ Signature _____ Date / /

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Appendix E

NC Supervisor Incident Investigation Report



NORTH CAROLINA SUPERVISOR INCIDENT INVESTIGATION REPORT

Instructions: Begin investigation within 24 hours and attach the Employee Incident Report and Witness Reports to this report. Forward all reports within 72 hours to the Program Administrator. If more room is needed, continue in a Word document and attach it to this submission.

Agency/ University: _____ Date of Incident: _____

Employee Name: _____ Employee Phone #: _____

Incident Supervisor: _____ Supervisor Phone #: _____

Incident Classifications (check all that apply)
 Near Hit Injury Fatality Property Damage Spill Possible Blood Borne Pathogen exposure

Employee required:
 First-Aid Only Medical treatment and released Hospitalized Other: _____

Employee:
 Returned to work no restrictions Returned to work with restrictions Did not return to work (Lost Days)

Hazard Types (select one based on origination of injury in this preference order)
 Violence or injuries caused by people or animals Transportation Fires or Explosions
 Slips, Trips, Falls Surface Level Fall from Elevation Exposure to harmful substances or environment
 Contact with objects or equipment (Struck By, Struck Against, Caught-on, Caught between, Puncture, Cut) Over-Exertion (lifting)
 Bodily Motion (reaching, twisting, running) Other (List Here): _____

Names of Witnesses Interviewed: _____

Incident Information

Describe the specific activity the employee was engaged in and the sequence of events. Include objects or substances that directly injured or made the employee ill. Describe tools, equipment, and PPE in use. Describe property damage. Attach pictures or police reports. Describe the estimated damage to any vehicles or equipment (make, model, ID number, etc.)

Is the activity part of the employee's normal job? Yes No Prior to beginning activity, did the employee review potential hazards/dangers? Yes No Date employee last received training for the activity. / /

What was the root cause of the incident? Ask why then ask why again (e.g. Why? The employee slipped on scrap metal. Why? The work area was not cleaned up. Why? The employee was rushing to get a project done and did not take time to clean up the work area.)

Action taken or will be taken to prevent reoccurrence (If corrective action will occur in the future, provide estimated completion date.)

I hereby certify that the information I have provided is true and accurate. Any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied. I also acknowledge that I understand that in addition to being disciplined for providing false and/or misleading information up to and including dismissal, I may also be subjected to additional criminal and/or civil liability.

Supervisor's Name: _____ Signature _____ Date of Report: / /

Manager's Name: _____ Signature _____ Date Reviewed: / /

The Supervisor will obtain the Managers' signature and forward signed copies of the Employee Report, Witness Statements, and the Supervisor's report to the Program Administrator. The Program Administrator will send the Employee's and Supervisor's reports to the Manager's supervisor, Local Safety Contact, Safety Committee Chairperson, and Agency Safety Director within two business days. The WCA will receive all reports and all supporting documentation.

Program Administrator Name: _____ Signature _____ Date / /

Date Corrective Actions Completed: _____



ACCIDENT BREAKDOWN BY CHARACTERISTIC (check all that apply)	
Nature of Injury	Part of Body Affected
<input type="checkbox"/> Amputation or Enucleation <input type="checkbox"/> Assault <input type="checkbox"/> Burn or Scald <input type="checkbox"/> Contusion, Bruise <input type="checkbox"/> Electric Shock <input type="checkbox"/> Eye, Foreign body in <input type="checkbox"/> Fracture, Broken Bone <input type="checkbox"/> Freezing, Frostbite <input type="checkbox"/> Hearing Loss or Impairment <input type="checkbox"/> Heat Exhaustion, Sunstroke <input type="checkbox"/> Hernia or Rupture <input type="checkbox"/> Infection <input type="checkbox"/> Inhalation Injury-Toxic Substance <input type="checkbox"/> Insect Bites <input type="checkbox"/> Laceration (Cut) <input type="checkbox"/> Multiple Injuries <input type="checkbox"/> Needle Puncture <input type="checkbox"/> Rash, From Plants <input type="checkbox"/> Rash, Not From Plants (Dermatitis) <input type="checkbox"/> Scratches, Abrasions <input type="checkbox"/> Sprain, Strains <input type="checkbox"/> Other	<input type="checkbox"/> No Physical Injury <input type="checkbox"/> Head <input type="checkbox"/> Neck <input type="checkbox"/> Eyes (Including Vision) <input type="checkbox"/> Arm(s) (Above Wrist) <input type="checkbox"/> Hand(s) (Including Wrist) <input type="checkbox"/> Finger(s) and Thumb(s) <input type="checkbox"/> Upper Extremity, Multiple Parts (shoulder, arm, forearm, wrist, or hand) <input type="checkbox"/> Abdomen (Including Internal Organs) <input type="checkbox"/> Back (Including Muscles, Spine) <input type="checkbox"/> Chest (Including Internal Organs) <input type="checkbox"/> Hips (Including Pelvic Organs) <input type="checkbox"/> Shoulder(s) <input type="checkbox"/> Trunk, Multiple Parts <input type="checkbox"/> Leg(s) (Above Ankle) <input type="checkbox"/> Foot (Including Ankle) <input type="checkbox"/> Toes <input type="checkbox"/> Lower Extremity, Multiple Parts (from the hip to the toes) <input type="checkbox"/> Multiple Parts of Body, Severe <input type="checkbox"/> Digestive System <input type="checkbox"/> Respiratory System <input type="checkbox"/> Circulatory System <input type="checkbox"/> Skin <input type="checkbox"/> Other
Type of Accidents	Safety Equipment in Use
<input type="checkbox"/> Bodily Reactions (Sprains, Strains, Rupture, Etc.) <input type="checkbox"/> Caught In, Under, Or Between <input type="checkbox"/> Contact With Temperature Extremes (Fire, Cold) <input type="checkbox"/> Disease Exposure <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Falls (All Types) <input type="checkbox"/> Noise Exposure <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Rubbed Or Abraded By Object <input type="checkbox"/> Struck Against Object <input type="checkbox"/> Struck by Flying Object <input type="checkbox"/> Struck by Other Object/Person <input type="checkbox"/> Toxic Materials Exposure <input type="checkbox"/> Vehicle or Equipment Accident <input type="checkbox"/> Other	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Goggles <input type="checkbox"/> Face shield or welder helmet <input type="checkbox"/> Gloves <input type="checkbox"/> Fire Shirt <input type="checkbox"/> Fire Pants <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Fireline Boots <input type="checkbox"/> Ear Protection <input type="checkbox"/> Respirator <input type="checkbox"/> Lanyards & Lifelines <input type="checkbox"/> Fluorescent Vests <input type="checkbox"/> Buoyant Work Vest <input type="checkbox"/> Warning & Control <input type="checkbox"/> Seat Belts <input type="checkbox"/> Shoulder Harness <input type="checkbox"/> Safety Equipment, National Electrical Code (NEC) <input type="checkbox"/> Lab Coat <input type="checkbox"/> Other

When submitting this report, include pictures of incident location, equipment in use, the vehicle used (if applicable), and any third party reports (i.e. Police Report, OSHA Report, etc.).

Incident Investigation and Reporting Program

Appendix F

NC Witness Statement Form



NORTH CAROLINA WITNESS STATEMENT FORM

Instructions: Before providing the required information below, please note that you will have to certify the truthfulness of this information. You will also be required to acknowledge that you understand that in addition to being disciplined for providing false and/or misleading information, up to and including dismissal, you may also be subjected to additional criminal and/or civil liability. To help you write this statement, please include, if possible, the following information:

Type of Investigation:			
<input type="checkbox"/> Safety Incident	<input type="checkbox"/> Accident Review	<input type="checkbox"/> Near Hit	<input type="checkbox"/> Property Damage

Witness Information

Name:	Title:
Work Address:	Work Phone #:

Incident Information

Date of Incident:	Time of Incident:
--------------------------	--------------------------

Location of Incident:

Do you have any pictures of the incident? Yes No
If yes, please attach them to this submission.

List the names of anyone present who observed or may have knowledge of the incident.

State what you know about the incident. Indicate who, what, where, and when. Be as specific as possible. If you need more space than what is provided here, create a Word document and attach it to this submission.

I hereby certify that the information I have provided is true and accurate. I acknowledge that any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Witness Name:	Witness Title:
Signature:	Date of Statement: / /

Incident Investigation and Reporting Program

Appendix G

NC Annual Incident Program Evaluation Report



NC ANNUAL INCIDENT PROGRAM EVALUATION REPORT

Date of Evaluation: / /	Evaluated By (list all present):
Written Program Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do completed incident investigation records indicate a need for additional manager, supervisor or employee training on the incident investigation program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is there any pattern of excessive time between:	
1. Incident occurrence, reporting to the supervisor (lag time) and the completion, submission and receipt of the incident investigation form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Determining corrective actions and implementation of those controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The beginning and completion of implementation of controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
 If yes, what corrective action is needed? 	
The following content was added/modified/removed from the written program: 	
Comments: 	
Program Administrator	Signature
	Date / /



**Office of State Human Resources
Division of Safety, Health and Workers' Compensation
116 W. Jones Street, Raleigh, NC 27603
1331 Mail Service Center
Raleigh, NC 27699-1331**