



Galveston County Safety Manual

ATTACHMENT 2

ACCIDENT REPORT AND INVESTIGATION FOR EMPLOYEE INJURIES ONLY

(Part 1 Must Be Completed Immediately and Sent To Appropriate Personnel)

Part 1

Name of Employee Injured: _____ Sex: ___ Employee ID#: _____

Date of Birth: _____ Mailing Address: _____

Home Phone: _____ Date lost time began: _____

Marital Status: _____ No. of Dependent Children: _____

Spouse's Name: _____

Date of Injury: _____ Time of Injury: _____ a.m. p.m.

Date Employee Reported Injury: _____

Treating Doctor's Name: _____ Address: _____

Ph # _____

Was employee doing his/her regular job? ___ Yes ___ No If no, why was job being performed:

Address or Location Where Injury Occurred:

Name(s) of Witness to Injury (name, address, ph.#) (Attach additional sheet if necessary) _____



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Nature of Injury: ___ Absorption, Ingestion, Inhalation; ___ Caught In, Under or Between;
___ Cut, Puncture, Scrape; ___ Foreign Matter in Eye; ___ Slip, Trip, Fall; ___ Strain; ___ Struck
Against; ___ Motor Vehicle; ___ Other

Part of Body Injured: ___ Right ___ Left ___ Leg ___ Head ___ Arm ___ Back ___ Hand ___
Shoulder ___ Neck

Employee's Description of Injury (Attach additional sheet if necessary)

Employee's Signature

Date

Supervisor's Signature

Date

PART 2

Supervisor's Findings/Remarks (Attach additional sheet if necessary)

Basic Cause and Contributing Factors (check all that apply)

PERSONNEL		EQUIPMENT	ENVIRONMENT
___ Unsafe Act	___ Running/Rushing/Acting in Haste	___ Defective Tools	___ Lighting
___ Inexperience	___ Lack of Awareness	___ Improper Tools	___ Housekeeping
___ Unsafe Act of Other	___ Understaffed	___ PPE: Used – Yes No	___ Weather Related
___ Lack of Training	___ Horseplay/Distractive Action		



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Explain/Other:

Date of Investigation: _____

Supervisor's Signature

Date

Corrective Action/Preventive Measures Taken or Recommended (Attach additional sheet if necessary)

The preventive measure(s)/corrective action(s) is ___ temporary. ___ permanent.

Employee responsible for ensuring corrective measures/actions are taken:

Date Corrective/Preventive Measures Completed: _____

Department Head's Signature _____

Date _____

Risk Manager Signature _____

Date _____