





# Incident Investigation and Reporting Program

## CONTENTS

|                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------|--------------------|
| Purpose                                                                                                       | <a href="#">2</a>  |
| Scope                                                                                                         | <a href="#">2</a>  |
| Definitions                                                                                                   | <a href="#">2</a>  |
| Requirements                                                                                                  | <a href="#">3</a>  |
| Program Responsibilities                                                                                      | <a href="#">3</a>  |
| Initial Response                                                                                              | <a href="#">5</a>  |
| Investigation                                                                                                 | <a href="#">6</a>  |
| Identifying Root Cause(s)                                                                                     | <a href="#">6</a>  |
| Recommending Specific Solutions                                                                               | <a href="#">8</a>  |
| Training                                                                                                      | <a href="#">9</a>  |
| Periodic Program Review                                                                                       | <a href="#">10</a> |
| Record Retention                                                                                              | <a href="#">10</a> |
| References                                                                                                    | <a href="#">10</a> |
| Revision History                                                                                              | <a href="#">10</a> |
| <b>Appendix A</b><br>NC Employee Incident Report                                                              | <a href="#">11</a> |
| <b>Appendix B</b><br>NC Supervisor Incident Investigation Report                                              | <a href="#">13</a> |
| <b>Appendix C</b><br>NC Witness Statement Form                                                                | <a href="#">16</a> |
| <b>Appendix D</b><br>OSHR Protocol for Reporting Amputations, Loss of Eye(s), Hospitalization, and Fatalities | <a href="#">18</a> |
| <b>Appendix E</b><br>Workers' Compensation: <i>What to Do in Case of a Work-Related Injury</i>                | <a href="#">19</a> |
| <b>Appendix F</b><br>NC Annual Incident Program Evaluation Report                                             | <a href="#">20</a> |

## I. Purpose

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The purpose of the State of North Carolina's Incident Investigation and Reporting Program is to provide reporting requirements, investigation techniques, documentation, and training to ensure the effective investigation of all incidents and near hits. An effective investigation identifies root causes and develops corrective actions to prevent future occurrences. This program provides tools to track incidents and near hits, looks for trends, and shares information to develop injury prevention programs.

## II. Scope

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This program applies to all state agencies and universities (hereafter the term "agency" is inclusive of both agencies and universities). This program applies to all permanent, probationary, temporary, trainee and time-limited employees, and other parties such as students and visitors involved in incidents as a result of state operations or property damage.

## III. Definitions

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**Administrative or Work Practice Controls:** Work practice controls change the job tasks to make them safer and reduce employee exposures to hazards. Examples include: reduction of exposure time and lowering the number of repetitions by job rotation; slowly acclimating employees to new physical job demands or temperature changes; and exercise breaks and training.

**Contributing Factors:** Factors other than the root cause that contributed to an unsafe condition or unsafe act, incident, or near hit. Examples include: worker distraction, lighting, temperature, or stress.

**Engineering Controls:** Specially designed equipment, tools, or work areas that isolate employees from the hazard or lessen the quantity or severity of job risk factors.

**Hazard Hero Report:** A report filed by employees that documents a perceived unsafe act or unsafe condition.

**Incident:** An accident which resulted in personal injury, damage to property, or loss of production.

**Lockout:** A method of de-energizing and isolating a source of energy (electrical, steam, etc.) to prevent another employee from accidental restart during maintenance or servicing of equipment.

**Near Hit:** A hazardous condition or event that could have resulted in an actual incident involving injury or property loss if the timing or location shifted slightly.

**Personal Protective Equipment (PPE):** Equipment worn by employees that reduces exposures to hazards. Examples include: gloves, safety glasses, kneepads, etc.

**Root Cause:** The basic cause (as opposed to contributing factors) that initiated the development of the unsafe act and/or unsafe condition, incident, or near hit. Examples include: ineffective or lack of training provided, no job safety analysis, no written procedures, poor management, or lack of rule enforcement.

**Safety Committee:** A team of employees and managers that have responsibilities for creating and implementing safety and injury prevention programs. For a full review of responsibilities see the Safety and Health Committees chapter or the NC Employees Workplace Program Requirements for Safety and Health Manual.

**Safety Leader:** The employee who has been assigned safety responsibilities for the agency or a work unit.

**Workers' Compensation Administrator (WCA):** The employee who has been assigned Worker's Compensation responsibilities for the agency or one of the work units.

## IV. Requirements

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All agencies shall implement an Incident Investigation and Reporting Program designed to meet, or exceed, these minimum reporting and documentation requirements. All incidents and "near hits" that occur on state property, leased properties, and in the course of business on- or off-site must be reported by the employee and investigated by the supervisor using a team process and root cause investigation. Employees are required to cooperate in the investigation and complete a NC Employee Incident Report (Appendix A). If a witness was present, the witness must complete NC Witness Statement Form (Appendix B). Supervisors will investigate all incidents and near hits and determine root causes. The supervisor will also identify appropriate corrective actions and document the findings using NC Supervisor Incident Investigation Report (Appendix C).

HR Directors, Safety Leaders, and Supervisors will follow the North Carolina Department of Labor and the Office of State Human Resources (OSHR) reporting requirements for a hospitalization, amputation, loss of one or both eyes, and a fatality as found in Protocol for Reporting Amputations, Loss of Eye(s), Hospitalizations, and Fatalities (Appendix D).

The safety of state employees is paramount. Failure to follow these directives could result in disciplinary action which could include dismissal.

## V. Program Responsibilities

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**The Agency Human Resource (HR) Director shall:**

- Appoint one or more Safety Program Administrator(s) based on the agency or university's needs.
- Appoint Safety Committee(s) per the State Employee's Workplace Requirements Program for Safety and Health.
- Support the efforts of the Safety Program Administrators and Safety Committees by pledging financial and leadership support for the investigation of incidents and near hits.
- Support the safety program by ensuring an effective incident reporting system and ensuring that there is a prompt response to all reported incidents and near hits.
- Support the safety program by emphasizing safety and loss prevention in periodic communications to employees.

**The Safety Program Administrator shall:**

- Report to a management position which is responsible for ensuring the effectiveness of the safety program.
- Ensure a system is in place for employees to report incidents and near hits.
- Provide a system to help assure that supervisors and other assigned employees are properly trained to conduct incident investigations.
- Either conduct or delegate the conducting of an investigation of all incidents and near hits.
- Ensure maintenance of accurate records.
- Review reports submitted and monitor reports for thoroughness, appropriate solutions, and track corrective actions to completion.

- Have basic investigation equipment available, i.e. tape measure, flashlight, clipboard, graph paper, barricade tape, PPE, and a camera.
- Forward all reports to the WCA, local safety contact, Safety Committee Chairperson, and the Agency Safety Director within two business days.
- Contact OSHR if further assistance is needed in the investigation process.
- Ensure that safety committees are actively involved with reviewing incidents and near-hits data.
- Monitor the results of the program and determine additional areas of focus that are needed.
- Review corrective actions and track actions to completion.
- Notify senior management of hazards that are not minimized or eliminated in a timely manner.
- Conduct an annual review to determine the effectiveness of employee and supervisor training by looking at the causes identified and corrective actions of each report. The annual review will also consider management support to remedy identified hazards.

**Managers and Supervisors shall:**

- Acknowledge responsibility and accountability for the health and safety of all agency employees through active support of the Incident Investigation Program.
- Contact the local Safety Director, WCA, and Program Administrator as soon as notification of an incident or near hit is received.
- Use the NC Supervisor Incident Investigation Report (Appendix B) or the applicable agency's equivalent form to document the details of an incident or near hit.
- Sign the completed NC Employee Incident Report (Appendix A) and the NC Supervisor Incident Investigation Report (Appendix B) and forward to the Program Administrator.
- Receive appropriate incident prevention and investigation training in order to ensure implementation of the Incident Investigation Program.
- Ensure that subordinate employees have received all appropriate training.
- Implement corrective actions and ensure they are completed through active follow-up in a timely manner.
- Follow the procedures outlined in the Workers' Compensation: What to Do in Case of a Work-Related Injury (Appendix E).

**Employees, including Managers and Supervisors, shall:**

- Conduct themselves in accordance with this program and all other relevant policies.
- Receive appropriate training for and understanding of incidents and near-hit prevention and reporting procedures.
- Obtain appropriate first aid or medical treatment immediately if an incident occurs involving personal injury. Immediately report any incident or near hit to supervisors.
- Complete the NC Employee Incident Report (Appendix A) and give it to the supervisor immediately, or no later than 24 hours after the incident.
- Immediately correct safety deficiencies that are within the employee's control.
- Actively participate in the investigation process to help determine hazards and appropriate corrective actions.

**Workers' Compensation Administrator (WCA) shall:**

- Notify the local Safety Leader and the Program Administrator of all reported injuries.
- Review the NC Employee Incident Report (Appendix A), the NC Supervisor Incident Investigation Report (Appendix B) and the NC Witness Statement Form (Appendix C).

- Fax reports and statements to the Workers' Compensation Third-Party Administrator within one business day of receiving these reports.

**Safety Committee Chairperson shall:**

- Review all incident reports.
- Share the details of the incident with the Safety Committee.
- Identify hazards and suggested corrective actions with the Safety Committee.

**Safety Committee Members shall:**

- Determine if additional corrective actions are needed to prevent further injuries across the agency.
- Determine the best methods to be used to alert employees of hazards.
- Review both the Hazard Hero reports and Incident Reports to determine whether additional injury prevention programs are needed.

## VI. Initial Response

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Steps for responding to an incident include:

1. Call 911 if the injury is serious or life-threatening. The following are examples of serious or life threatening symptoms: loss of consciousness, seizure, bleeding that cannot be immediately controlled, chest pain or pressure, difficulty breathing, confusion, inability to talk, walk, or raise both arms. Note: During medical emergencies, employees may request that EMS not be called. The employer has a legal and moral obligation to call EMS if a life-threatening situation is suspected. Do not delay care; do not argue with the victim; call 911.
2. Ensure the scene is safe for employees and emergency responders or remove victim in extreme situations when the scene is dangerous to life and health.
3. Emergency vs. Non-emergency
  - a. If the injury is not an emergency but requires additional medical care, provide transportation for the initial visit to an authorized Urgent Care Facility in your area as listed in the Preferred Provider List or provide first aid.
  - b. If the injury is an emergency and the response involves the transport of an employee to the hospital, the supervisor or designee should go to the hospital to provide support.
4. Supervisors must report the injury immediately to the agency WCA and Safety Officer/Program Administrator.
5. Obtain medical authorization form from the WCA to bring or fax to hospital or urgent care facility.
6. Secure the Scene
  - a. Isolate the scene with rope, tape, guards, etc. (if needed)
  - b. Provide a hard copy of the [NC Industrial Commission Form 19](#) and a NC Employee Incident Report (Appendix A) for the employee to complete. These must be forwarded to the Worker's Compensation Administrator within 24 hours of the injury.
  - c. Do whatever it takes to prevent a reoccurrence while preserving all evidence.
7. Supervisors and employees shall not release information to the news media. Employees must instruct inquiring media to contact the applicable agency's Public Information Officer or appointed media representatives.
8. Serious injuries require involvement of agency safety personnel and the Program Administrator.

## VII. Investigation

1. Supervisors shall begin the investigation process within 24 hours of notification of the incident.
2. Supervisors will determine the sequence of events that led to the incident or near hit in order to discover all the contributing factors and root cause(s). Each step and employee decision that took place should be added to the timeline. The investigation should detail factors, to include physical and psychological conditions, at each step along with the employee's knowledge and focus at the time of each step. Psychological conditions may include, but are not limited to, changes in the employee's emotional state such as depression, anger, loneliness, feelings of grief over a loss, feelings of emotional pressure at work, and/or high stress levels at home. Supervisors should investigate and report any factors that might have caused a lapse in judgement or distractedness.
2. Identify Potential Witnesses
  - a. Make a list of everyone who was involved or might have witnessed the event.
  - b. Look for employees within hearing or visual site of the event.
  - c. Look for experts in the process related to the events.
  - d. Provide the NC Witness Statement Form (Appendix C) and have witnesses complete the form by themselves without input from anyone, telling their own impression of what they heard, smelled, or saw prior to, during, and after the event. The witness should also provide all the facts surrounding the event of which they are aware.
  - e. Witness must not compare their stories with each other as each person has their own unique perspective.
  - f. Employees should be made aware that no retaliation will occur for telling the truth and that assigning blame to employees is **not** the purpose of the investigation.
3. Gather Other Information
  - a. Collect, tag, record, and/or photograph all evidence that can or may be used.
  - b. Work cooperatively with safety representatives, managers, and employees.
  - c. Gather records, i.e. inspection reports, maintenance reports, and prior incident reports.
4. Review Witness Statements and Interview Employees
  - a. All individuals must be interviewed separately.
  - b. Ask interviewees to provide as much clear and specific information as possible.
  - c. Update the timeline to recreate the tasks that lead to the event, fill in the gaps through the process.
  - d. Ask open-ended questions.
  - e. Avoid bias.
5. Review Data
  - a. Review records and identify patterns and trends.
  - b. Analyze all data for completeness and accuracy.

## VIII. Identifying Root Cause(s)

1. At a minimum, the investigation team should include the employee's supervisor and the affected employee(s).
2. The investigation team should develop brainstorming rules that inspire employees to contribute their knowledge and build trust by learning to respect everyone's ideas. This is mandatory to achieve employee buy-in when change is anticipated, and it will help to eliminate or minimize a hazard. The work culture will improve if this step is managed well and employees are respected, heard, and their ideas valued.

3. For more complicated incidents that might result in design or workflow changes, supervisors should expand the team to utilize the expertise of other employees who do the same job (i.e. maintenance employees, engineering staff, safety committee members, etc.).
4. The investigator(s) will begin by identifying the root cause(s) and contributing factors of the incident or near hit by using the “Five Whys” technique<sup>1</sup>. In this question-asking technique, the investigator asks the same question repeatedly: “What caused or allowed this condition/practice to occur?” or by simply asking “Why?” until the root cause(s) are found. The example below illustrates how the “5 Whys” might be applied to an incident.

|                       |                                                                               |
|-----------------------|-------------------------------------------------------------------------------|
| <b>Problem:</b>       | <b>The car won't start.</b>                                                   |
| Answer to first Why?  | The battery is dead.                                                          |
| Answer to second Why? | The alternator is not functioning.                                            |
| Answer to third Why?  | The alternator belt is broken.                                                |
| Answer to fourth Why? | The alternator belt is worn out and had not been replaced.                    |
| Answer to fifth Why?  | The vehicle was not being maintained per the manufacturer's service schedule. |

5. 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<sup>2</sup> to better determine what led up to the situation that resulted in an incident.

#### **Tasks and Procedures**

- Is there a written procedure?
- Was the procedure used?
- Had conditions changed to make the normal procedure unsafe?
- Were the appropriate tools and materials available? Were they used?
- Were safety devices working properly?
- Was lockout used when necessary?

#### **Equipment Related Incidents**

- Was there an equipment failure?
- What caused the equipment to fail?
- Were hazardous substances involved?
- Were the substances clearly identified?
- Was a less hazardous alternative substance possible and available?
- Should personal protective equipment (PPE) have been worn?
- Was PPE used?
- Were users of PPE properly fitted, trained, and documented?

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<sup>1</sup> *This example was adapted from the Hughes & Ferrett 2011 Introduction to Safety & Health at Work: The Handbook for the NEBOSH General Certificate (see references).*

<sup>2</sup> *Used with permission from the Canadian Centre of Occupational Safety and Health (see references).*

### **Personal Factors**

- Were workers experienced in the work performed?
- Have workers been adequately trained?
- How much overtime is being worked?
- Does the employee have a second job that does not allow for recovery between shifts?
- Can the employee physically do the work?
- What was the status of the employee's health?
- Was the employee tired?
- Was the employee under stress (work or personal)?
- Was there any indication of drug or alcohol use?

### **Environmental Factors**

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

### **Root Causes**

- Were safety rules communicated to and understood by all employees?
- Were written procedures and orientation available?
- Were rules and procedures being enforced?
- Was there adequate supervision?
- Were workers trained to do the work?
- Had hazards been previously identified?
- Had procedures been developed to overcome hazards and prevent injuries?
- Were unsafe conditions corrected?
- Was regular maintenance of equipment carried out?
- Were regular safety inspections carried out?

## **IX. Recommending Specific Solutions**

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1. The investigation team will work together to determine appropriate corrective actions for every contributing factor or root cause identified.
2. Corrective actions should be based on risk and opportunity of exposure.
3. The team should explore these common corrective actions:
  - a. Short-term solutions may be needed to warn or guard against the hazard

- b. Work orders or purchases may be needed
  - c. Procedures or policies may need to be created or updated
  - d. Employees may need training or retraining
  - e. The training course may need to be updated for effectiveness
  - f. Hazard Awareness meetings may need to take place across the agency
  - g. Capital budget money may need to be requested for a long-term correction
4. When selecting and recommending corrective actions, possible solutions will be prioritized using the following hierarchy<sup>3</sup>. In this hierarchy of hazard control, *elimination* is the most desirable solution followed by substitution, engineering controls, administrative controls, and PPE.
    - Elimination – eliminating the hazard from the workplace
    - Substitution – replacing a hazardous substance or activity with a less hazardous one
    - Engineering controls – providing guards, ventilation, or other equipment to control the hazard
    - Administrative controls – developing policies and procedures for safe work practices
    - Personal Protective Equipment – using respirators, earplugs, safety glasses, etc.
  5. Corrective actions need to be as specific as possible. “Be Careful” is **not** an acceptable corrective action.
  6. Think through all corrective actions to determine if the suggested change will create new hazards.
  7. Management should confirm that corrective actions were effective, that the hazard has been minimized or eliminated, that employees are able to be in compliance with the new process, and that no new hazards were introduced when the changes were made.
  8. 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.
  9. The Safety Committees should review the corrective actions to ensure that the corrective actions remain effective.

## X. Training

All employees and new hires will receive training on the Incident Investigation and Reporting Program. 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 at regularly scheduled intervals as determined by the Program Administrator.

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 with emphasis on determining root causes, contributing factors, and corrective actions

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<sup>3</sup> Centers for Disease Control and Prevention (see references).

## **XI. Periodic Program Review**

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Management and safety committees have tools available through the State's Workers' Compensation Program to review data and look for trends, such as 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. However, this analysis only happens after the injury.

The Program Administrator will conduct an Annual Program Review every October of the previous fiscal year and send findings to Senior Management and OSHR by December 31<sup>st</sup> of that calendar year using the NC Annual Incident Program Evaluation Report (Appendix F). The review considers 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 corrective actions implementation
- The program's success based upon comparison to previous years, using the following criteria:
  - Frequency of incidents 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

## **XII. Record Retention**

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The State of North Carolina will maintain information related to incident investigations for 30 years past the employee separation date. All incident investigation records will be kept by the Program Administrator. "Near hit" investigation reports will be maintained for five years.

## **XIII. References**

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The following references were used in the development of this program:

1. [NC General Statute 95-143 – Recordkeeping and Reporting](#)
2. [NC General Statute 95-148 – 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. [U.S. Department of Labor, Occupational Safety & Health Administration \(OSHA\), Incident Investigation](#)
5. [OSHA's Injury and Illness Recordkeeping and Reporting Requirements](#)
6. [North Carolina Industrial Commission \(NCIC\)](#)
7. [Canadian Centre for Occupational Health and Safety \(CCOHS\) Accident Investigation Fact Sheet](#)
8. [Oregon OSHA Accident Investigation Instructor Guide](#)
9. [Centers for Disease Control and Prevention – Workplace Safety & Health Hierarchy of Controls](#)
10. *Introduction to Safety & Health at Work: The Handbook for the NEBOSH General Certificate*. Hughes & Ferrett (2011). Routledge.

## **XIV. Revision History**

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Effective Date: February 1, 2015  
Revision 2: May 5, 2015  
Revision 3: July 23, 2015

Revision 4: December 8, 2015

**Appendix A**  
**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<br><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    /    /

## **Appendix B**

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

## **Appendix C**

### **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:

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

**Witness Information**

|                      |                      |
|----------------------|----------------------|
| <b>Name:</b>         | <b>Title:</b>        |
| <b>Work Address:</b> | <b>Work Phone #:</b> |

**Incident Information**

|                          |                          |
|--------------------------|--------------------------|
| <b>Date of Incident:</b> | <b>Time of Incident:</b> |
|--------------------------|--------------------------|

**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.

|                      |                                      |
|----------------------|--------------------------------------|
| <b>Witness Name:</b> | <b>Witness Title:</b>                |
| <b>Signature:</b>    | <b>Date of Statement:</b> /        / |

## Appendix D

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

For injuries involving state, contract or temporary employees that result in a fatality employers must report to OSHA within (8) hours. For amputation, loss of eye(s) or hospitalization involving state, contract or temporary employees, OSHA must be contacted within (24) hours. The following action steps shall be completed immediately for these events!

1. Call your Agency/University Human Resources Director and your Agency/University Safety Leader. In the event of a fatality, also contact your Agency/University Legal Counsel.
2. Call the NC Department of Labor during working hours (8 a.m. to 5 p.m.) at 919-779-8560 or 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. **(See below)\***
3. Call a member of the OSHR Safety, Health and Workers' Compensation Division.

| Name and Title                          | Telephone      | Email                                                        | Fax            |
|-----------------------------------------|----------------|--------------------------------------------------------------|----------------|
| John Bogner, Safety and Health Director | (919) 807-4897 | <a href="mailto:John.Bogner@nc.gov">John.Bogner@nc.gov</a>   | (919) 733-0653 |
| Doug Gaylord, Safety and Health Manager | (919) 807-4877 | <a href="mailto:Doug.Gaylord@nc.gov">Doug.Gaylord@nc.gov</a> |                |
| Kathy Conner, Safety Consultant         | (919) 807-4824 | <a href="mailto:Kathy.Conner@nc.gov">Kathy.Conner@nc.gov</a> |                |
| OSHR Main Number                        | (919) 807-4800 |                                                              |                |

**NOTE:** Be prepared to provide contact information, addresses and telephone numbers for each person(s) involved.

4. Follow-up with an e-mail or fax to OSHR staff listed above. 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.**

**Effective January 1, 2015:** Employers are required to contact OSHA for all work-related, in-patient 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. An amputation is defined as an act where a part of the body, such as a limb or appendage, has been severed or cut off (either completely or partially). Amputations also include the following:

- 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), scalplings (removal of the scalp), severed ears, or broken or chipped teeth.

## Appendix E

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

#### Employee's Responsibilities

1. Report all injuries to your supervisor immediately and no later than 24 hours from the time of injury.
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 your agency's 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. You must follow all medical restrictions, as your recovery is a major concern to your agency/university.
5. Return to work after your medical treatment unless your authorized physician provides you with a written authorization prohibiting your return to work.
6. 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.
7. Provide all out-of-work, return-to-work, and/or any other restriction orders from the authorized treating physician to your supervisor within 24 hours.
8. Provide the NC 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 your 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 closest 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>) and a Treatment Authorization Form specific to your agency. These forms 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 Incident Investigation Report, and NC Witness Reports (if applicable) to the Program Administration within 72 hours.
8. Conduct the incident investigation to determine the cause of the accident, and correct unsafe conditions immediately.
9. Communicate with injured employees to ensure that 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.

## **Appendix F**

### **NC Annual Incident Program Evaluation Report**





*Safety*  
STATE HUMAN RESOURCES

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