


<div style="text-align: center;"> Omaha Fire Department  </div>	Title of Document:	
	Investigation Report for Occupational Injury or Illness	
	Document Type & Number:	
	OFD Investigation Report for Occupational Injury or Illness	
	Issue Date: 1/24/17	Effective Date: 1/24/17
Amends, Replaces, Rescinds:		

Employee Information

Last 4 Digits of SSN _____ Immediate Supervisor _____
 Date of Injury _____ Location of Injury _____
 Time of Injury _____ Did you report the accident? _____ To whom? _____

Describe the injury/illness in detail & indicate part of body affected (i.e. amputation of right index finger, 2nd joint):

How did the accident occur?

Date and location of initial medical treatment _____

Supervisor Information

The following questions are to help analyze the accident, determine if the cause(s) of the accident and the action(s) taken to ensure this kind of accident does not occur again. These questions are asked for internal disciplinary and safety reasons only, not for the purpose of determining legal liability.

In the future, what could the employee do differently in this type of situation to make such an accident less likely?

What other persons, or factors beyond the employee's control, contributed to the accident? How did these other persons or factors contribute to the accident?

What corrective action has been or will be taken to prevent a similar incident?

What documents, conversations or personal observations were used to obtain information on how this accident occurred?

What personal protective equipment was required for the job being done?

Was the injured employee wearing or using the necessary equipment described above? If not, why?

Witness Information

If there is a witness(es), have individual(s) complete and attach a separate witness statement.

Name of Witness _____ Telephone _____
 Name of Witness _____ Telephone _____

By checking this box and typing my name _____, I certify that all information on this form is true and correct. I also agree that the checkbox and my typed name serve as my electronic signature.