Omaha	Title of Document: Investigation Report for Occupational Injury or Illness Document Type & Number:			
Fire				
Department				
	OFD Investigation Report for Occupational Injury or Illness			
OMAHA	Issue Date: 4/25/17	Effective Date: 4/25/17		
TIME & RESCUE	Amends, Replaces, Rescinds:			

	WE & RESCUE			
<u>En</u>	nployee Information			
Na	me of Employee			
Las	st 4 of SSN			
lmı	mediate Supervisor			
Da	te of Injury			Time of Injury
Loc	cation of Injury			
Dic	d you report the accident	? T	o whom?	
	ury/Illness Information scribe the injury/illness ir		art of body affected	d (i.e. amputation of right index finger, 2nd joint)
Но	w did the accident occur	?		
Dia	anno lint the data and lace	ation of initial was dis-	al troatment:	
PIE	ease list the date and loca	ation of initial medic	ai treatment:	

Employee's Signature

Supervisor Information

The following questions are to help analyze the accid action(s) taken to ensure this kind of accident does n internal disciplinary and safety reasons only, not for the same action in the safety reasons only.	ot occur again. These questions are asked for
In the future, what could the employee do differently in thi	s type of situation to make such an accident less likely?
What other persons, or factors beyond the employee's co persons or factors contribute to the accident?	ntrol, contributed to the accident? How did these other
What corrective action has been or will be taken to prever	nt a similar incident?
What documents, conversations or personal observations occurred?	were used to obtain information on how this accident
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?
Supervisor's Signature By checking this box and typing my name	, I certify that all information on this pox and my typed name serve as my electronic signature
Witness Information	pox and my typed name serve as my electronic signature
If there is a wittness(es), have individual(s) complete	and attach a separate witness statement.
Name of Witness	•
Name of Witness	Telephone