



INCIDENT INVESTIGATION CHECKLIST

File Name: _____

Facility Name: _____

Date of Incident: _____

INCIDENT INVESTIGATION CHECKLIST		
1	Have you completed and filed a Patient Care Form (a.k.a. Medical Report)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	Have you completed and filed an Incident Report ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3	Have you completed and filed Witness Statements ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	Have you completed and filed Employee Statements ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	Have you documented the names, addresses, and phone numbers of the employees present at the time of the incident ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	Have you included a copy of the Daily Maintenance Checklist (if pertinent) with the investigation report?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7	Have you included a copy of the Employee Training Documentation (if pertinent) with the investigation report?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8	Have you included photographs (if appropriate) with the investigation report?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9	Have you completed and filed an Incident Follow-Up Report with the injured person(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Comments: _____

Name of Investigator: _____

Date of Report: ____ / ____ / ____