



Incident Analysis Form (IAF)

Employee Details: _____ Title: _____

Department/Division: _____ Supervisor: _____

INCIDENT TYPES <i>(Check all that apply)</i>		Complete Form
INCIDENT ONLY	<input type="checkbox"/> Incident/near miss <i>(i.e., no injury or damage)</i>	• IAF
EMPLOYEE MEDICAL	<input type="checkbox"/> First Aid <i>(i.e., minor injury, self-treatment, etc.)</i>	• IAF • Supplemental Medical form
	<input type="checkbox"/> ER/Doctor Visit <input type="checkbox"/> Work Restrictions <input type="checkbox"/> Time Away From Work	• IAF • Supplemental Medical form • 801
	<input type="checkbox"/> Bloodborne Pathogen or Contagious Disease Exposure	• IAF • Supplemental Medical form • Exposure Form • 801
	<input type="checkbox"/> Overnight Hospitalization ¹ <input type="checkbox"/> Fatality ¹	• IAF • Supplemental Medical form • 801 • CALL RISK!
AUTO	<input type="checkbox"/> City Vehicle Damage <input type="checkbox"/> Citizen Auto Damage	• IAF • Vehicle form • DMV form
CITY PROPERTY	<input type="checkbox"/> City Property Damage/Loss	• IAF • Property Form
CITIZEN INJURY LOSS OR LITIGATION²	<i>Contact HR/Risk and/or have the citizen contact HR/Risk</i>	
ROUTING INSTRUCTIONS	<ul style="list-style-type: none"> Overnight Hospitalization or Fatality – CALL HR/RISK ASAP (24 hrs) Contagious Pathogen? – Call Risk within 24 hours. Employee: Complete this form and give it to your supervisor Supervisor: 1) complete the corrective measures section 2) Fax/send draft forms to HR/Risk within 24 hours 3) send signed forms to HR/Risk within 5 calendar days 	Risk 541-726-3724 Risk Fax 541-726-4614 After hours? Contact PD dispatch for cell numbers Police 541-726-3714

Basic incident information

Address of Incident: _____

Date/time of incident: _____ Date/time Reported: _____

- Have witnesses been interviewed? Yes No N/A Witness: _____
- Were photos taken? Yes No N/A Witness: _____
- Was the incident reported to Police? Yes No N/A PD Case Number: _____
- Citizen injury or property damage? Yes No N/A Name of Suspect: _____

Describe the incident in detail

- What happened before, during and after the incident?
- **INJURIES?** Who was injured? What body parts were injured? How did the injury feel?
- **VEHICLE?** What vehicles were involved? List vehicle/unit/license numbers. Driver names. Where are the vehicles now?
- *Use additional sheets and attach photos, documents, etc. as necessary.*

- What were you doing just before the incident?
- What event(s) occurred that caused the injury/illness?
- What was the injury or illness? (Examples: Dog bite to right hand, strained lower back, twisted my left ankle....)
- How and where was the injury treated? (Examples: Went back to facility and placed ice on injury, went to Urgent Care....)

Recommendation(s)

Employee & Supervisor – Please note any recommendations that may help prevent injury in the future.

- Identify solution(s) to eliminate or reduce incidents.
- Identify improvements to safety processes and/or procedures.

Follow Up Recommendation(s) (*Please mark NA if none*)

Completed By (If not Employee): _____ Signature: _____ Date: _____

Employee: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

Safety Committee: _____ Signature: _____ Date: _____

(See front for routing instructions)



Supplemental Medical Form

Injured Employee: _____ Title: _____

Dept./Division: _____ Supervisor: _____

Incident Date/Time: _____ Location: _____

Was an Incident Analysis Form (IAF) Completed? Yes No, but will soon.
Has an 801 been completed? Yes No, but will soon, N/A

Treatment

CALL RISK ASAP! → Fatality Overnight Hospitalization
Call RISK 24 hrs. → Biological Exposure or needle stick
Complete 801 → ER Urgent Care Dr. Visit Lost Time Modified Duty
IAF Only → MedExpress Report Only – no injury

Body Part Affected (Check all that apply)

Left Right Head Face Eye Mouth Neck Shoulder
 Arm Wrist/Hand Finger Chest Abdomen Hip/Groin
 Upper Back Lower Back Leg Knee Ankle Foot/Toe
 OTHER: _____

Injury Type

Sprain/Strain Contusion Laceration Fracture
 Burn Eye Injury Hearing Concussion
 Needle stick Biological Exposure Occupational Disease
 OTHER: _____

Task(s) that led to injury (Check all that apply)

Lifting Carrying Push/Pull Reaching Bending Twisting
 Climbing Walking Running Operating Driving Handling
 OTHER: _____

Other involved Factors (Check all that apply)

Housekeeping Repetitive Use Equipment Failure
 Chemical Use Environment Material Handling
 Weather Lack of PPE/Safety Equip. Lock Out/Tag Out
 Fatigue Animal Tool Use
 Other Person/Liable Party Self-rescue Rescue
 OTHER: _____

Include any additional relevant information not included on the IAF form.

Completed By: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____