



## INCIDENT INVESTIGATION CHECKLIST

File Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

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

Comments: \_\_\_\_\_

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Name of Investigator: \_\_\_\_\_

Date of Report: \_\_\_\_ / \_\_\_\_ / \_\_\_\_