Oak Ridge Associated Universities
Manager s Investigation
Business Confidential

1. Name of injured (Last, First, Middle) Social Security Number
2. Age: Job Title:
3. Division/Department Years of Service:
4. Place of accident or exposure (Give exact location, bldg. room):
5. Date of accident or initial diagnosis of occupational illness:
6. What was employee doing when injured? (Include tools, machine, and materials used):
7. How did the accident occur? (Describe fully the events which resulted in the injury or occupational illness):
8. Describe the injury or illness in detail and indicate part(s) of body affected:
9. What was defective? (Unsafe condition, wrong method,etc)
10. What steps will be taken to prevent similar injuries?
11. Was injured hospitalized? ☐ Yes ☐ No If so, where?
12. Name of physician: Time Lost (day(s) after injury date):
13. Days Restricted and Reason:
14. Witnesses to accident:
15. Date of investigation:
16. Signatures:

_____
Manager

_____
Division/Department

_____
Safety & Environmental Protection Department

Original: Occupational Medicine
1st copy: SEPD
2nd copy: Supervisor

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