



Incident Analysis Form (IAF)

Employee Details: _____ Title: _____

Department/Division: _____ Supervisor: _____

INCIDENT TYPES (Check all that apply)		Complete Form
INCIDENT ONLY	<input type="checkbox"/> Incident/near miss (i.e., no injury or damage)	• IAF
EMPLOYEE MEDICAL	<input type="checkbox"/> First Aid (i.e., minor injury, self-treatment, City Clinic, etc.)	• IAF • Medical form
	<input type="checkbox"/> ER/Doctor Visit <input type="checkbox"/> Work Restrictions <input type="checkbox"/> Time Away From Work	• IAF • Medical form • 801
	<input type="checkbox"/> Bloodborne Pathogen or Contagious Disease Exposure	• IAF • Medical form • Exposure Form • 801
	<input type="checkbox"/> Overnight Hospitalization ¹ <input type="checkbox"/> Fatality ¹	• IAF • 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	Contact HR/Risk and/or have the citizen contact HR/Risk	
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

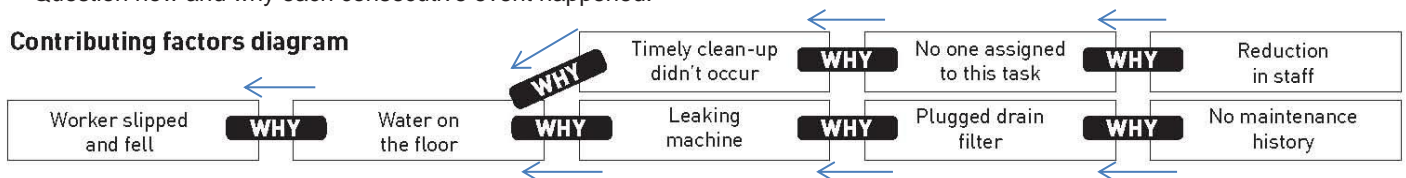
- What were you doing just before the incident happened?
- **INJURIES?** Who was injured? What body parts were injured? Where were the injured individuals treated?
- **VEHICLE?** What vehicles were involved? List vehicle/unit/license numbers. Driver names. Where are the vehicles now?
- Use additional sheets and attach photos, documents, etc. as necessary.

Track sequence & identify root causes

Reconstruct the series of events leading *back in time* to the root cause(s) of the event.

- Use the diagram below as a possible example.
- What happened before, during and after the incident?
- Question how and why each consecutive event happened.

Contributing factors diagram



Recommendation(s)

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

- Identify multiple solutions to eliminate or reduce multiple root causes.
- 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)

HR/Risk Use:

Date HR/Risk Notified: _____ PD Case #: _____ Suspects Name: _____

Claim Numbers: _____



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

Injury Type

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

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

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

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

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

Completed By: _____ Signature: _____ Date: _____

Supervisor: _____ Signature: _____ Date: _____

HR/Risk Use:

Date HR/Risk Notified: _____ IAF Incident Number: _____