

LAUSD OCIP ENVIRONMENTAL HEALTH AND SAFETY INCIDENT INVESTIGATION REPORT

Identifying Information	Company		Department			
	Location Of Incident		Date Of Incident	Time	AM PM	Date of Report
	<input type="checkbox"/> Injury Or Illness		<input type="checkbox"/> Property Damage		<input type="checkbox"/> Environmental Incident	
	Injured's Name		Property Damaged		Type Of Incident:	
	Job Title	Time in Position	Nature of Damage/Loss		<input type="checkbox"/> Haz Mat Spill <input type="checkbox"/> Transportation <input type="checkbox"/> Water Quality <input type="checkbox"/> Tank Leak <input type="checkbox"/> Waste Handling/Disposal <input type="checkbox"/> IAQ <input type="checkbox"/> Fire/Smoke <input type="checkbox"/> Other	
	Nature of Injury/Illness	Part Of Body	Cost	Estimated Actual	Cost	Estimated Actual
	Activity Being Performed		Object, Equipment, Substance Inflicting Damage		Nature of Damage/Loss	
	Object, Equipment, Substance Inflicting Harm		Person in Control of Activity at Time of Occurrence		Task/Activity Being Performed At Time of Occurrence	
	Severity of the Injury (check all that apply)					
	<input type="checkbox"/> Fatality <input type="checkbox"/> Lost Workdays <input type="checkbox"/> Restricted Duty <input type="checkbox"/> Medical Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Other					
Description	Describe How the Incident Occurred					
Cause Analysis	Describe The Events And Conditions That Contributed To The Accident					
Action Plan	What Corrective Actions Have Been Or Will Be Taken to Prevent Similar Occurrences? (include estimated time lines for completion)					
Regulatory	Has There Been Contact With A Government Agency Regarding This Incident? (if yes, describe)					
Documentation Attached (list):		Prepared By:		Date:		
		Title:				
		Department:				
		Phone No. ()				