



Incident Investigation Checklist

File Name: _____

Facility Name: _____

Date of Incident: _____

| INCIDENT INVESTIGATION CHECKLIST | | |
|----------------------------------|---|---|
| 1 | Have you completed and filed a Patient Care Form (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 Incident Report ? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 3 | Have you completed and filed Witness Statements ? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 4 | Have you completed and filed Employee Statements ? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 5 | Have you documented the names, addresses, and phone numbers of the employees present at the time of the incident ? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 6 | Have you included a copy of the Daily Maintenance Checklist (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 Employee Training Documentation (if pertinent) with the investigation report? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 8 | Have you included a copy of all relevant documentation and/or information including but not limited to scorecards, game notes, weather reports etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 9 | Have you included photographs (if appropriate) with the investigation report? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |
| 10 | Have you completed and filed an Incident Follow-Up Report with the injured person(s)? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> |

Comments: _____

Name of Investigator: _____

Date of Report: ____ / ____ / ____