

**Form VII**

**DEPARTMENT OF ENTOMOLOGY  
ACCIDENT, INJURY AND ILLNESS INVESTIGATION FORM**  
[ Revised 10/02 ]

Employer: \_\_\_\_\_

Person(s) Conducting Investigation: \_\_\_\_\_

\_\_\_\_\_

Title(s): \_\_\_\_\_

\_\_\_\_\_

Date of Accident/Injury/Illness: \_\_\_\_\_

Name(s) of Affected Employee(s): \_\_\_\_\_

\_\_\_\_\_

Work Area/Job Title of Affected Employee(s): \_\_\_\_\_

\_\_\_\_\_

Nature of Accident/Injury/Illness: \_\_\_\_\_

\_\_\_\_\_

Part(s) of Body Affected: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Workplace Condition, Work Practice or Protective Equipment Contributed to the Incident?

\_\_\_\_\_

\_\_\_\_\_

Was a Protocol of Safe Practice Violated? \_\_\_\_\_

If So, Which One? \_\_\_\_\_

What Corrective Actions Will Prevent Another Occurrence? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will an Additional Protocol of Safe Practice Be Needed? \_\_\_\_\_

If So, State It: \_\_\_\_\_

\_\_\_\_\_

Was the Unsafe Condition, Practice or Protective Equipment Problem Corrected Immediately?

\_\_\_\_\_

If No, What Has Been Done to Assure Correction? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Until Corrected, What Actions Have Been Taken to Prevent Recurrence in the Interim? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form may be used as a supplement to the Departmental Injury/Illness Worksheet provided by Benefits and Risk Management.**