
INJURY INVESTIGATION

A. Purpose

Supervisors must investigate all injuries and near miss incidents involving employees of the City of Pittsburgh. All investigations will be conducted to find the “root” cause. Based on the “root” cause analysis, corrective actions and will be established to aid in injury reduction.

Injury and incident investigations shall be used to find facts. Because of the importance in finding facts all investigations and associated paper work shall be completed and submitted within 72 hours of the injury or incident. All injuries and near misses shall be investigated thoroughly.

Department management will assign the responsibility of conducting the injury investigation to department supervisors, foreman or department safety representatives. The names of those responsible for completing the injury investigation shall be clearly communicated. It is the discretion of the Safety Office to conduct a formal injury investigation.

B. Definitions

Near Miss: unplanned event that does not result in injury but may result in property damage.

“Root” Cause: single event or events that caused the injury or property damage.

C. Requirements

1. Reporting Injuries

- Any time a work related injury occurs, the city employee is required to report the injury immediately to their supervisor, and to UPMC WorkPartners by calling **1-800-633-1197**.
- Upon appropriate treatment, the employee will then complete a City of Pittsburgh Work Injury Report form.

2. Reporting Near Miss Incidents

- Near miss incidents shall be reported to the department supervisor within 24 hours of the occurrence. If necessary a Health and Safety Action Needed Report shall be completed and a copy submitted to the supervisor and the Department of Personnel Safety Office.

3. Injury and Near Miss Investigation

- Conduct the investigation within 24 hours of the incident occurring. Whenever possible speak with the person or persons involved.
- Study and determine “root” causes of the injury or incident.
- Develop corrective actions, assign responsible persons and due dates.
- Follow up to ensure corrective actions have been completed.
- Complete Incident Investigation form and return to the Department of Personnel Safety Office within 72 hours.

**City of Pittsburgh
Injury Investigation Form**

(Sections 1, 2, & 3 to be completed by person conducting investigation)

SECTION 1

Name of Injured: _____ Employee Number: _____

Dept./Location where injury occurred: _____ Job Assigned: _____

SECTION 2

Date of Incident: _____ Time of Incident: _____ Type of Injury: _____

Date/Time reported: _____ To Whom: _____

Specific Location of Incident: _____

Supervisor at Time of Incident: _____

SECTION 3

Describe how incident occurred (list events leading up to the incident)

List causal factors (events and conditions contributing to the incident)

CORRECTIVE ACTIONS (To be completed by Direct Supervisor)

Action Required	Responsible Party	Date Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Investigated by: _____ Title: _____

Department: _____ Date: _____

Signature of Department Manager _____

*Complete all information above and Return to the Safety Office within 72 hrs of the Injury.
Follow-up, as necessary, completed by the Safety and Injury Prevention Program

Action Completed	Date Completed
_____	_____
_____	_____

Follow up performed by: _____

Department: _____ Date: _____

cc: Department File
Supervisor
Safety –Injury Prevention

- _____ Fatality
- _____ Lost Work Day/ # of Days
- _____ Restricted Activity
- _____ Medical Only
- _____ Property Damage
- _____ Near Miss