

# City of Pittsburgh Incident Investigation Form

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

CCR#: \_\_\_\_\_

## 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 Department of Human Resources & Civil Service  
Office of Risk Management within 72 hours of incident.**

## Follow-up completed by representatives of the Office of Risk Management

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