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25880 Dam Road Extension  
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January 10, 2012

TO: District Managers

FROM: Jacques S. Whitfield, Director of Human Resources Development and Personnel Services

RE: Incident Investigation Policy

The Injury and Illness Prevention Standard requires that employers implement a method of investigating a workplace injury or accident. Following an injury, the employer must gather information and make a determination of causes, maintaining a file of the investigation. Please note the attached form *does not* take the place of a Workers' Compensation claim packet. In the event an employee requires medical attention, after informing their immediate Supervisor of their injury, have them contact Maribel Gaytan, Personnel Analyst at either (530) 741-6975 or Building 100A, Room 21.

Employees are responsible to report incidents/accidents immediately to their Supervisor and, if after hours, and the Supervisor is not available, report to the YCCD Police Department. Supervisors will investigate incidents, near-miss incidents and injuries to identify the casual factors or hazards immediately and use the attached form to document the investigation. In the event of a serious incident, Maintenance and Operations staff will assist with the investigation, contacting outside experts if needed. Appropriate repairs or procedural changes will be implemented promptly to mitigate the noted hazard.

For those injuries that require hospitalization for a period in excess of twenty-four (24) hours, the Vice Chancellor's office will contact Cal/OSHA within eight (8) hours. All workplace injuries or exposures to hazardous substances must be reported to the Office of Human Resources *within twenty-four (24) hours* after the incident becomes known to the Supervisor.

# QUICK REFERENCE GUIDE

## For

### INCIDENT/ACCIDENT INVESTIGATION

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This quick reference guide is information for Supervisors and Managers to use while investigating work-related incidents and accidents. Remember that prior to investigating an incident; employees should be trained to report accidents to Supervisors, no matter how minor it may be. "Near-incidents" should also be reported and investigated by Supervisors and forwarded to Risk Management. Please follow these 4 easy steps when investigating work-related incident:

- Step 1:**
- A. Act at once. Talk with the injured employee immediately, if possible (one-on-one is best). Use fact-finding, not fault-finding questions to determine what occurred. Ask the injured person or a witness to show you how the incident/accident happened.
  - B. Review physical causes, such as poor housekeeping, improper guards, improper apparel (such as lack of properly soled shoes or safety shoes, eye, hand or head protection), defective equipment, slippery floors, or other working conditions. Completely describe location of incident; including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident.
  - C. Review personal causes, such as dangerous practices, inability, inexperience, poor judgment, and disobeying rules.
  - D. Trace down each item of information to find every contributory cause. Decide the necessary preventive measures to prevent similar incidents in the future. Report any defective equipment to the person responsible.
  - E. Non-injury incidents (an incident that nearly caused an injury of any severity) should also be investigated and reported.
- Step 2:** Complete the YCCD Incident/Accident Investigation Report form attached within 24 hours. Describe how the incident occurred; state facts, contributing factors, site witnesses, and support evidence. Keep a copy for your records, sending the original form to Maribel Gaytan in Building 100A, Room 21.
- Step 3:** Contact Maribel Gaytan at x6975 for additional instructions.
- Step 4:** Follow up with employee to find out if they are doing well. In addition, ensure contributing factors to the incident, if any fixed (work orders submitted), and all exposed employees are aware of the contributing causes of the incident.

**YUBA COMMUNITY COLLEGE DISTRICT INCIDENT/ACCIDENT INVESTIGATION REPORT**  
**TO BE COMPLETED BY THE**  
***SUPERVISOR***

NAME OF INJURED:	_____					
	LAST	FIRST		MIDDLE		
ADDRESS:	_____				TELEPHONE	_____
	STREET	CITY	STATE	ZIP		
JOB TITLE:	_____			SEX	_____	DATE OF BIRTH _____
INSTRUCTOR/SUPERVISOR NAME:	_____					
PERSON INVOLVED IS:	STUDENT _____	STAFF _____	VISITOR _____	OTHER _____		
DATE OF INCIDENT/ACCIDENT:	_____		HOUR _____	PHOTOS _____	YES / NO (Circle One)	
DATE REPORTED:	_____		HOUR _____	_____		
INCIDENT/ACCIDENT LOCATION:	_____					
WITNESSES: NAMES, ADDRESSES, TELEPHONE NUMBERS:						
	1	_____				
	2	_____				
TIME NOTIFIED:	_____	AM / PM	TIME ON SCENE	_____	AM / PM	TIME OFF SCENE
		(Circle One)			(Circle One)	
						AM / PM
						(Circle One)

**FIELD INVESTIGATION**

**Exact Location of Incident/Accident:**

Describe in detail the **location of incident**: including lighting, walking surface, weather, measurements, and any other condition that could have contributed to or prevented the incident:

  
  
  
  
  
  
  
  
  
  

Describe **the incident/accident which you observed** or which were described to you:

  
  
  
  
  
  
  
  
  
  

Describe **demeanor of person involved** and include statements made:

  
  
  
  
  
  
  
  
  
  

Describe **shoes, physical appearance and any other characteristic** that would contribute to understanding how the incident/accident occurred:

  
  
  
  
  
  
  
  
  
  

Describe **how the incident/accident occurred**; state facts, contributing factors, cite witnesses and support evidence:

Steps/Corrective Action taken:

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Does the employee's incident/accident require **medical care**? (Check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of Medical Facility and Doctor (state Work Comp Clinic if filing a claim):

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
(Print) Supervisor's Name

\_\_\_\_\_  
Telephone Number

Report Completed On: \_\_\_\_\_  
Date Time

Original: Director of HRD/PS  
Building 100A, Room 21