Glatfelter Commercial Ambulance℠
A Division of Glatfelter Insurance Group

Please Note: This report is intended to be used by your organization for internal use only. It is not an acceptable Claims form and therefore should not be submitted to Glatfelter Commercial Ambulance.

Personal Injury/Illness Investigation Report

Name of Organization _____ Date _____

Address _____

Name of Injured _____ Date of Birth _____

Address of Injured _____

Phone( ) _____ Age _____ Sex _____ Height _____ Weight _____

Occupation _____ Job Title _____

Social Security Number _____ Years with Organization. _____

Date of Injury _____ Time of Injury _____

Date Reported _____ Time Reported _____

Accident Reported To _____

Nature of Injury

- ☐ Fractures
- ☐ Inflammation
- ☐ Infectious Disease
- ☐ Frostbite, Cold Exposure
- ☐ Pinched Nerve, Ruptured Disk
- ☐ Electric Shock
- ☐ Chemical Injury
- ☐ Multiple Injury
- ☐ Recurrence
- ☐ Strain, Sprain, Torn Ligament
- ☐ Cuts, Lacerations, Punctures
- ☐ Inhalation, Fumes
- ☐ Inhalation, Smoke
- ☐ Heat Exhaustion, Fatigue
- ☐ Abrasions, Contusions, Bruises
- ☐ Heart Malfunction
- ☐ Eye Injury
- ☐ Burns
- ☐ Other _____

Parts of Body Affected

- ☐ Multiple Parts
- ☐ Head
- ☐ Eye(s)
- ☐ Ear(s)
- ☐ Neck
- ☐ Shoulder
- ☐ Chest
- ☐ Lung
- ☐ Abdomen
- ☐ Back
- ☐ Heart
- ☐ Groin
- ☐ Arm
- ☐ Hand
- ☐ Finger
- ☐ Leg(s)
- ☐ Knee(s)
- ☐ Ankle(s)
- ☐ Foot/Feet
- ☐ Ribs
- ☐ Hip
- ☐ Other _____

Where Injury Occurred

- ☐ Station Maintenance
- ☐ Vehicle Maintenance
- ☐ Emergency Scene
- ☐ Vehicle to Emergency
- ☐ Vehicle Non-Emergency
- ☐ Training
- ☐ Responding/Returning to Emergency (Non Vehhicle)
- ☐ Other _____

Cause of Injury

- ☐ Fall
- ☐ Weather
- ☐ Making Safety Devices Inoperative
- ☐ Using Defective Equipment
- ☐ Using Equipment Improperly
- ☐ Failure to Use Personal Protection Equipment
- ☐ Struck By Object
- ☐ Improper Lifting
- ☐ Horseplay
- ☐ Inadequate Guards or Protection
- ☐ Improper Placement
- ☐ Civil Disturbance
- ☐ Inadequate Illumination
- ☐ Inadequate Ventilation
- ☐ Lack of Knowledge or Skill
- ☐ Irrational Civilian
- ☐ Communication
- ☐ Abuse or Misuse
- ☐ Struck By Object
- ☐ Other _____

Witness(es) to Injury: _____

Injured Person's Signature _____ Date _____

Investigation Report

Thoroughly describe accident: (What, How, Where, Equipment, Activity, etc.) _____

Hospitalized or Treated, Where? (Include Address)_____

Name and Address of Physician: (Include Referral)_____

Did the injury require individual to perform limited duties, or to be assigned to other duties or positions? YES or NO If yes, what duties or position? _____

And, what period of time? _____

Investigated by _____ Title _____ Date _____

Safety Officer's Report

What Acts, Failures to Act and/or Conditions Contributed Most Directly to This Accident? (Immediate Cause)

What Are the Basic or Fundamental Reasons for the Existence of These Acts and/or Conditions? (Fundamental Cause)

What Action Has or Will Be Taken to Prevent Recurrence? Place "X" By Items Completed.

Reviewed by Safety Officer_____ Title _____ Date _____