OFFICE OF RISK MANAGEMENT UNIT OF RISK ANALYSIS AND LOSS PREVENTION STATE EMPLOYEE INCIDENT/ACCIDENT INVESTIGATION FORM Worker's Compensation Claims—For Agency Use Only

(PLEASE TYPE OR PRINT)

1. AGENCY		
2. ACCIDENT DATE	3. REPORTING DATE	
4. EMPLOYEE NAME (LAST	Γ, FIRST)	
5. JOB TITLE		
6. IMMEDIATE SUPERVISO	DR	
7. DESCRIBE IN DETAIL HO	OW INCIDENT/ACCIDENT OCCURRED (USE ADDITIONAL SHEET IF NECESSARY)	
8. PARISH WHERE OCCURR	RED 9. PARISH OF DOMICILE	
10. WAS MEDICAL TREATM	MENT REQUIRED Y N	
11. EXACT LOCATION WHE	ERE EVENT OCCURRED	
12. NAME (S) OF WITNESSE	ES	
13. NAME OF PERSON COM	IPLETING THIS SECTION OF REPORT	
	15. DATE	
	KEEP COMPLETED FORMS ON FILE AT THE LOCATION	
	WHERE INCIDENT/ACCIDENT OCCURRED	
FORM DA 2000 REVISED 07/2014	This form is prepared for internal use only and is prepared in anticipation of litigation.	Page

1 of 2

Employee Post Incident/Accident Analysis (DA 2000) [Required for <u>all</u> incidents/accidents] [This form is NOT for use in reporting a claim. The claim reporting form can be found at: www.laorm.com]

MANAGEMENT SECTION

16. NAME OF PERSON COMPLETING THIS SECTION OF REPORT			
17. POSITION/TITLE			
18. IS THE PERSON COMPLETING REPORT TRAINED IN ACCIDENT INVESTIGATION Y N			
19. WAS EQUIPMENT INVOLVED Y N (If no, skip to question 20)			
A. TYPE OF EQUIPMENT			
B. IS THERE A JSA FOR EQUIPMENTYN C. DATE LAST JSO PERFORMED			
20. HAVE SIMILAR ACCIDENT/INCIDENTS OCCURREDYN			
21. DID INCIDENT INVOLVE SAME INDIVIDUAL YN			
22. SAME LOCATION Y N			
23. WAS THE SCENE VISITED DURING THE INVESTIGATIONYN			
A. DATE & TIME B. ARE PICTURES AVAILABLEYN			
C. IF NO, REASON FOR NOT VISITING			
ROOT CAUSE ANALYSIS			
UNSAFE ACT (PRIMARY): Failure to comply with policies/procedures Failure to use appropriate equipment/technique Inattentiveness Inadequate/lack of JSA/standards Incomplete or no policies/procedures Inadequate training on policies/procedures Inadequate adherence of policies/procedures			
Other (specify)			
Detailed explanation of checked box			
WHY WAS ACT COMMITTED:			
UNSAFE CONDITION (PRIMARY): Inappropriate equip/tool Inadequate maintenance Inadequate training Wet surface Worn/broken/defective building components Broken equipment Inadequate guard Electrical hazard Fire Hazard			
Other (specify)			
Detailed explanation of checked box			
WHY DID CONDITION EXIST:			
CONTRIBUTORY FACTORS (IF ANY):			
IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE:			
LONG RANGE ACTION TO BE TAKEN:			
WHAT ADDITIONAL ASSISTANCE IS NEEDED TO PREVENT RECURRENCE:			
<u>KEEP COMPLETED FORMS ON FILE AT THE LOCATION</u> WHERE INCIDENT/ACCIDENT OCCURRED			

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