

# Inmate Worker Incident Investigation Report

Oklahoma Department of Corrections

OP-100401

Attachment A

## Inmate Information

Name	ODOC number	Assigned facility
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## Incident Details

Date and time of incident	Location/Address of incident
Job assignment	Supervisor at job assignment
Describe what happened and injury	
Witnesses	

## Medical Treatment

Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did the inmate receive medical treatment away from an ODOC facility? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where?

## Cause(s)

Why did it happen? What was/were the root cause(s)?:
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## Equipment

What equipment was the inmate using at the time of the injury?
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Was the equipment in proper working order? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Personal Protective Equipment (PPE)

What PPE was the inmate wearing at the time of the accident?
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## Corrective action

What is being done to eliminate the potential for further injury/illness?
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## Investigation completed by?

Name and title	Date completed
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