

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)?:

Equipment

What equipment was the inmate using at the time of the injury?
Was the equipment in proper working order? <input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Protective Equipment (PPE)

What PPE was the inmate wearing at the time of the accident?

Corrective action

What is being done to eliminate the potential for further injury/illness?

Investigation completed by?

Name and title	Date completed
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