

Location:

Date:

POST-INCIDENT RESPONSE

	YES	NO
Did the employee(s) require medical attention as a result of the incident?		
Did the employee(s) miss work as a result of the incident?		
Did the employee complete their scheduled work shift?		
Did the employee(s) apply for workers' compensation?		
Was campus police contacted?		
Was building facilities contacted?		
Was immediate counseling provided to affected workers and witnesses?		
Was critical incident debriefing provided to all affected staff who desired it?		
Is this a recurring event?		
Is video surveillance available? If "Yes", is the video secured?		

POST-INVESTIGATION DETAILS

Has this type of incident occurred before at the workplace? YES NO

What were the main factors that contributed to the incident?

What could have prevented or at least minimized the damage caused by this incident?

Date of the employee's next scheduled shift:

Hire Date:

INVESTIGATION COMPLETION

Investigation Completed by:

Job Title:

Phone Number:

Email:

Investigator Signature:

Date:

SECTION TO BE COMPLETED BY RISK MANAGEMENT

	YES	NO
Was post-trauma counseling provided to affected staff who desired it?		
Was all counseling provided by a professional counselor?		
Has there been follow-up with the Employee(s)?		
Are there modifications to be made to WVPP to reflect updated practices?		

Describe updates to WVPP:

Date Received:

Human Resources Signature:

Date: