

INJURY REVIEW PROCESS (IRP) REPORT

Instructions: The Injury Review Process (IRP) is designed to give the injured employee and supervisor an opportunity to meet face-to-face to discuss the root cause of the incident (i.e., hazard, process, or behavior). Participants should come to an agreement on safety strategies (e.g., eliminating a hazard, changing a process/procedure, additional training, etc.) to prevent recurrence. Agreement as to which parties will do what, when, and where should also be discussed. *Please fill out all portions of the IRP Report within five days of the injury.*

Injured employee: _____ **Job title:** _____

Location of incident (school): _____

Type of injury: _____

Date of injury: _____ **Lost Time:** Yes No

Description of incident: _____

Root cause of incident: Unsafe condition Unsafe process Unsafe behavior

Explain: _____

Witness names (attach statements if needed): _____

Follow-up requirements: _____

Prevention strategies	Accountable person	Target date	Completion date

Does the employee have any other workplace safety concerns? _____

Employee signature: _____ **Date:** _____

Supervisor signature: _____ **Title:** _____ **Date:** _____

Distribute to (check all that apply): Human Resources (file) Supervisor Employee