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PROTOCOL COMPLIANT INVESTIGATION REPORT

\*\*\*Example A is the initial investigation report used in training. Read through it first, note questions you would have if you were reviewing this report based on Appendix A requirements, and then read through Example B. Bold portions of Example B show the improvements.

1. **ALLEGATION**

Residential Support Staff (RSS) Rashad Greene reported that co-worker Tony Steward forcefully shoved individual Jesse Drew to the floor, causing Drew to strike his head against a chair. Greene reported that Steward also yelled at Drew, but was not sure what he said. Steward was attempting to make Drew pick up grapes that Drew had thrown on the floor. Drew would not pick up the grapes, instead throwing a grape at another individual. Drew then started stepping on the grapes. Finally, Drew stuck his finger in Steward's face. Steward pushed Drew to the floor at that point. RSS Rachel O'Leary intervened and walked Drew back to his room. Nursing staff observed that Drew had redness and a small scratch on the side of his head upon examination following the incident. The redness soon faded away. **YCBDD reported the incident to the Cumberland Police Department. CPD declined to conduct a criminal investigation since no significant injury resulted.**

2. **DOCUMENTS REVIEWED**

1. ITS MUI Report 2010-092-0262
2. Best Care Inc. UIR, J. Drew, 6/21/10, 1:30 PM (RSS R. Greene)
3. Behavior Support Plan, Jesse Drew

3. **FINDINGS OF INVESTIGATION**

*Best Care Program Director Laurna Lawrence*

On 6/22/10 at 9:00 AM I contacted Best Care Program Director Laurna Lawrence to initiate the investigation. Ms. Lawrence noted that Mr. Drew's behavior was very unpredictable. He often became physically aggressive toward staff. Ms. Lawrence was not present at the home when the incident occurred. She received a telephone call from Mr. Greene describing the incident. Ms. Lawrence instructed Mr. Greene to fill out an incident report and placed PPI Steward on administrative leave pending the investigation.

Ms. Lawrence noted that Mr. Steward has been a good employee for Best Care over the past 2 years. Other staff often sought Steward's assistance when Mr. Drew's behavior got out of control. Lawrence felt Drew's behavior support plan was ineffective in addressing his problem behaviors. She felt the gist of this incident was that Drew initiated aggression toward Steward. She did not believe Steward would intentionally harm Drew or any resident of the home.

*Incident Reporter/RSS Rashad Greene*

Accident investigation form (example 2)

Use this form to help you investigate workplace accidents or incidents. Note: this form is for use within your company. It is not intended to replace DCS Form 801, Worker's and Employer's Report of Occupational Injury or Disease.

**Employee portion**

Employee name: \_\_\_\_\_ Employee work phone: \_\_\_\_\_  
 Work unit: \_\_\_\_\_ Work section: \_\_\_\_\_

Supervisor name: \_\_\_\_\_ Supervisor work phone: \_\_\_\_\_

Length of service in present position:  Less than 6 months  6 months-1 year  1-2 years  
 2-3 years  3-5 years  More than 5 years

Exact location of accident/incident: \_\_\_\_\_  
 Accident/incident date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Witnesses Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 check if no witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Body part affected  Neck  Shoulder(s)  Elbow(s)  Wrist(s)/hand(s)  
 (check all that apply)  Thigh(s)  Lower leg(s)  Ankle(s)/foot(foot)  Knee  
 Hip  Upper back  Lower back  Chest/abdomen  
 Other: \_\_\_\_\_

Task that led to the incident:  Driving  Lifting  Carrying  Pushing/pulling  Keyboarding  
 Climbing  Reaching  Handling  Bending  Twisting  
 Other: \_\_\_\_\_

Describe accident/incident in detail (use additional sheets if necessary): \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor portion**

Reported to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Supervisor's description of incident (what happened and why): \_\_\_\_\_

Corrective action: \_\_\_\_\_

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENGINEERING REVIEW  
 UNIFORM SITE INVESTIGATION REPORT FORM**

**Instructions**

This form is the site investigation form for on-site wastewater treatment facilities required in accordance with Arizona Administrative Code (A.A.C.) R18-9-A310. This form may also be used in conjunction with A.A.C. R18-9-A310 as guidance to assist in meeting the subdivision requirements, specifically the geological report required per R18-5-408. Alternatively, the departments engineering bulletins may be used but A.A.C. R18-9-A310 is more current. For addition guidance on the geological report, please see the Application for Sanitary facilities for Subdivision at the following link

An investigator that meets the qualifications of A.A.C. R18-9-A310(H) must perform the site investigation. Both the surface and subsurface characterizations must be done in conformance with A.A.C. R18-9-A310. The site investigator shall utilize this ADEQ form and the appropriate attachments. Submit the results with a Notice of Intent to Discharge application. Space is provided for an Arizona-Registered Professional Engineer, Geologist or Sanitarian to seal their work products.

**Site Investigation Report, Item 1:** The authorization for site investigation shall be completed by the appropriate person before the field investigation begins.

**Site Investigation Report, Items 2 – 10:** To be completed by the qualified investigator.

**Site Investigation Report Attachments 1, 2, 3, and 4:** The qualified investigator shall complete all necessary attachments. Attach only those with required information. Identify the attachments submitted on item 9 of the Site Investigation Report (page 3). The investigator shall use the appropriate continuation page for any attachment requiring more than 1 page. Add the page number in the blank spaces at the bottom of each continuation page used. Include the page totals in the Item 9 of the report form. Please use the soil codes (on the next page) for ASTM Method 5921 in Attachment 1.



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