

**VENTURA COUNTY MEDICAL CENTER/SANTA PAULA HOSPITAL  
SAFE PATIENT HANDLING/MOVEMENT  
INVESTIGATION/CORRECTIVE ACTION REPORT  
In accordance with Cal/OSHA Title 8, Section 5120 (6) (a) (b) (c)**

**Date and Time of Incident:** \_\_\_\_\_

**Unit/Location:** \_\_\_\_\_

**Employee name:** \_\_\_\_\_

**Details of Injury**

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*(use separate form for more details)*

**Did employee review mobility risk factors and or patient instructions for mobility?**

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**What equipment was utilized?**

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**Was the employee trained on this equipment?**

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**How many staff were involved with the move of the patient?**

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**What does the employee feel he/she could have done to prevent the injury?**

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*Please note, all employees injured conducting patient moves, must have remedial training prior to coming back to work, please contact the Physical Therapy Department at 652-6175. Please send all investigation forms to the Safety Officer for record keeping.*