

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

This form must be completed by the Supervisor as soon after the incident occurred as possible. This document is used for gathering information for investigating incidents and their causes so corrective action can be implemented to avoid recurrence of future incidents. Every incident should be investigated and the causes corrected.

Name of Employee: _____ District: _____ Dept./Site: _____

Date of Incident: _____ Time of Incident: _____ Date Incident Reported: _____

Did employee lose time from work: YES NO Hours lost on day of incident: _____ Has employee returned to work? YES NO

Employee's job title: _____

PLEASE PROVIDE SPECIFIC INFORMATION TO THE STATEMENTS BELOW. YOUR OPINION MAY HELP US PREVENT FUTURE INCIDENTS.

PLEASE ANSWER THE FOLLOWING STATEMENTS:

1. WAS THE EMPLOYEE PROPERLY INSTRUCTED ON PERFORMING SAFE AND EFFICIENT JOB TASKS _____ YES NO
2. DID THE EMPLOYEE VIOLATE ANY JOB INSTRUCTIONS? _____ YES NO
3. WAS NECESSARY PROTECTIVE EQUIPMENT WORN? (IF APPLICABLE) _____ YES NO
4. WAS POOR HOUSKEEPING A FACTOR THAT CAUSED THIS INCIDENT TO OCCUR? _____ YES NO
5. WAS HORSEPLAY A FACTOR IN CAUSING THIS INCIDENT? _____ YES NO
6. WAS THE INCIDENT CAUSED BY SOMETHING THAT NEEDED REPAIRS? _____ YES NO
7. WAS THERE A GUARD (IF APPROPRIATE) ON THE EQUIPMENT? _____ YES NO
8. WAS THERE ANY SPECIFIC PERSONAL ITEMS THAT CONTRIBUTED TO THE INCIDENT? _____ YES NO
9. WAS THE INCIDENT CAUSED BY AN UNSAFE ACT? _____ YES NO
10. DID THE EMPLOYEE REPORT THE INCIDENT TO THE SUPERVISOR IMMEDIATELY? _____ YES NO

HOW DID THE INCIDENT OCCUR: (Describe what the employee was doing at the time of the incident, what happened, who was involved) _____

INCIDENT LOCATION: _____

LIST INJURED BODY PARTS: _____

LIST PROPERTY DAMAGE, IF ANY: _____

WITNESS NAMES AND CONTACT INFORMATION: _____

UNSAFE CONDITIONS: (Was unguarded or unsafe condition of machinery, equipment, building or premises involved? If yes, please preserve the evidence)

ACTIONS TAKEN: (After the incident, what did the employer do to correct the conditions that caused the incident?) _____

ADDITIONAL INVESTIGATION NEEDED? YES NO **ADDITIONAL TRAINING OR EQUIPMENT NEEDED?** YES NO

MEDICAL CARE: Did the employee go to the Doctor or Hospital? YES NO

Submitted By: _____ **Date:** _____

(Please Scan This Document to Risk Management)