

Supervisor's Incident Investigation Report

WHEN COMPLETING THIS FORM, PLEASE BE AS ACCURATE, SPECIFIC, AND THOROUGH AS POSSIBLE. ALL AREAS MUST BE COMPLETED – DO NOT LEAVE AREAS BLANK.

PLEASE PRINT OR TYPE

INVESTIGATION CONDUCTED BY <input style="width: 300px;" type="text"/>		INVESTIGATION DATE <input style="width: 150px;" type="text"/>																																	
EMPLOYEE NAME <input style="width: 200px;" type="text"/>	DEPT <input style="width: 150px;" type="text"/>	JOB TITLE <input style="width: 150px;" type="text"/>																																	
INCIDENT DATE <input style="width: 80px;" type="text"/>	TIME <input style="width: 80px;" type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM																																	
DATE REPORTED <input style="width: 80px;" type="text"/>	TIME <input style="width: 80px;" type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM																																	
DID THE EMPLOYEE REPORT THE INCIDENT IMMEDIATELY FOLLOWING ITS OCCURRENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHY WAS THERE A DELAY? <input style="width: 900px; height: 20px;" type="text"/>																																			
PHYSICAL LOCATION AND ADDRESS PLEASE DESCRIBE THE LOCATION AND ENVIRONMENT WHERE THE INJURY/ILLNESS TOOK PLACE. (I.E., INDOORS/OUTDOORS, WEATHER CONDITIONS, LIGHTING, ETC. USE ADDITIONAL SHEETS TO DRAW DIAGRAMS, IF NECESSARY. TAKE PHOTOS IF POSSIBLE.) <input style="width: 900px; height: 25px;" type="text"/>																																			
WHAT HAPPENED? INDICATE THE CAUSE(S) AND RESULTS OF THE INCIDENT <input style="width: 900px; height: 25px;" type="text"/>																																			
DID YOU VISIT THE INCIDENT SITE DURING THIS INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT WERE YOUR OBSERVATIONS? <input style="width: 900px; height: 25px;" type="text"/>																																			
WHAT PART(S) OF THE BODY WAS INJURED AND WHAT WAS THE EXTENT OF THE INJURY? (I.E., LEFT FOOT, RIGHT ELBOW, CUT, BROKEN, ETC.) <table style="width: 100%;"> <thead> <tr> <th style="width: 15%;"></th> <th style="text-align: center;">EXTENT OF INJURY</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> HANDS</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> WRISTS</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> ARMS</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> LEGS</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> KNEES</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> SHOULDERS</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> HEAD</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> NECK</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> BACK</td><td><input style="width: 250px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> OTHER</td><td><input style="width: 250px;" type="text"/></td></tr> </tbody> </table>		EXTENT OF INJURY	<input type="checkbox"/> HANDS	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> WRISTS	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> ARMS	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> LEGS	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> KNEES	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> SHOULDERS	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> HEAD	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> NECK	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> BACK	<input style="width: 250px;" type="text"/>	<input type="checkbox"/> OTHER	<input style="width: 250px;" type="text"/>	WHAT CORRECTIVE ACTIONS HAVE BEEN / WILL BE TAKEN TO PREVENT RECURRENCE? EXPLAIN IN DETAIL WHETHER EMPLOYEES WERE COUNSELED/TRAINED; EQUIPMENT OR MACHINERY WAS REPAIRED; PROCEDURES WERE DEVELOPED; ETC. <table style="width: 100%;"> <thead> <tr> <th style="width: 25%;"></th> <th style="text-align: center;">DESCRIBE</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> EXISTING CONDITIONS</td><td><input style="width: 200px; height: 25px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> EQUIPMENT CHANGES</td><td><input style="width: 200px; height: 25px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> PROCEDURE CHANGES</td><td><input style="width: 200px; height: 25px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> TRAINING</td><td><input style="width: 200px; height: 25px;" type="text"/></td></tr> <tr><td><input type="checkbox"/> OTHER</td><td><input style="width: 200px; height: 25px;" type="text"/></td></tr> </tbody> </table>		DESCRIBE	<input type="checkbox"/> EXISTING CONDITIONS	<input style="width: 200px; height: 25px;" type="text"/>	<input type="checkbox"/> EQUIPMENT CHANGES	<input style="width: 200px; height: 25px;" type="text"/>	<input type="checkbox"/> PROCEDURE CHANGES	<input style="width: 200px; height: 25px;" type="text"/>	<input type="checkbox"/> TRAINING	<input style="width: 200px; height: 25px;" type="text"/>	<input type="checkbox"/> OTHER	<input style="width: 200px; height: 25px;" type="text"/>
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Supervisor's Signature

Extension

Date

Supervisor's Incident Investigation Report (continued)

BLOCK TWO (USE ADDITIONAL SHEETS IF NECESSARY)

PAGE TWO: EMPLOYEE NAME

<p>EMPLOYEE WAS (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> WORKING ALONE <input type="checkbox"/> DIRECTLY SUPERVISED</p> <p><input type="checkbox"/> WORKING WITH CREW/CO-WORKER <input type="checkbox"/> INDIRECTLY SUPERVISED</p> <p><input type="checkbox"/> OTHER, SPECIFY BELOW <input type="checkbox"/> NOT SUPERVISED</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>NAMES OF OTHER EMPLOYEES</p> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div>
<p>GIVE A STEP-BY-STEP DESCRIPTION OF HOW THE PROCEDURE SHOULD BE PERFORMED</p>	<p>DESCRIBE, IN SEQUENCE, THE EMPLOYEE'S ACTION THAT ATTRIBUTED TO THE INJURY/ILLNESS</p>
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Supervisor's Signature

Extension Date

NOTE: PLEASE MAKE SURE EMPLOYEE'S REPORT IS FULLY COMPLETED BEFORE SUBMITTING BOTH REPORTS TO WORKERS' COMPENSATION DIVISION.

INITIALS OF DEPARTMENT HEAD WHO REVIEWED THIS REPORT