

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

These guidelines help organize the investigation of accidents and incidents involving employees, tools, equipment or material. All accidents and incidents should be investigated, no matter how minor. The same conditions that cause a minor incident could lead to a major accident.

The unsafe acts of workers and the unsafe conditions that cause accidents can be identified and corrected. It is your responsibility to find them, name them, and correct them. This form should be completed immediately.

EMPLOYEE DATA

NAME OF EMPLOYEE	SOCIAL SECURITY#		
DATE OF BIRTH	JOB TITLE	DEPARTMENT	
SHIFT HOURS	WORKING OVERTIME	YES	NO

INCIDENT DATA

DATE OF OCCURRENCE	TIME OF OCCURRENCE		
EXACT LOCATION	DATE REPORTED		
REPORTED TO WHOM	TITLE		
DID EMPLOYEE RETURN TO WORK	YES	NO	
BRIEF DESCRIPTION OF INJURY/ILLNESS (BURN, FRACTURE, STRAIN, CUT, ETC.)			
BODY PARTS AFFECTED			
TREATMENT PROVIDE BY: DOCTOR	EMERGENCY ROOM	PLANT NURSE	SUPERVISOR
DID EMPLOYEE RECEIVE FULL PAY FOR THE DAY OF INJURY?	YES	NO	
LIST ANY WITNESSES			
HAS THE EMPLOYEE EXPERIENCED LOST TIME OR REDUCED WAGES AS A RESULT TO THE INJURY?	YES	NO	
DATE LOST TIME OR REDUCED WAGES BEGAN FOR THIS INJURY?	RETURNED TO WORK DATE:		
WHAT CAPACITY DID EMPLOYEE RETURN TO WORK? LIGHT DUTY-FULL PAY	LIGHT DUTY REDUCED WAGES		

INCIDENT DETAILS

JOB OR ACTIVITY AT THE TIME OF ACCIDENT
WHAT ACT/FAILURE TO ACT OR CONDITION(S) CONTRIBUTED MOST DIRECTLY TO THIS HAPPENING? PLEASE DESCRIBE ANY UNSAFE ACTS OR UNSAFE CONDITIONS

CORRECTIVE ACTIONS

RECOMMENDATIONS FOR CORRECTIVE ACTION TO PREVENT SIMILAR OCCURRENCE
STATUS OF RECOMMENDATIONS
EXPECTED DATE OF COMPLIANCE

 (Supervisor) (Date) (Manager) (Date)

Date form completed and by whom _____