

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, regardless of 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 during the shift that the incident occurs.

EMPLOYEE DATA

NAME OF EMPLOYEE _____ SSN _____
DATE OF BIRTH _____ JOB TITLE _____
DEPT _____ SHIFT HOURS _____
TIME ON PRESENT JOB _____ OVERTIME _____

INCIDENT DATA

DATE OF INCIDENT _____ TIME OF INCIDENT _____ DATE REPORTED _____
EXACT LOCATION _____ REPORTED TO WHOM _____
TITLE _____ DID EMPLOYEE RETURN TO WORK? _____
BRIEF DESCRIPTION OF INJURY/ILLNESS (BURN, FRACTURE, STRAIN, CUT, ETC.) _____

BODY PARTS AFFECTED _____
TREATMENT PROVIDED BY: DOCTOR _____ EMERGENCY ROOM _____ PLANT NURSE _____ SUPERVISOR _____
DID EMPLOYEE RECEIVE FULL PAY FOR THE DAY OF INJURY? _____
LIST ANY WITNESSES _____

INCIDENT DETAILS

JOB OR ACTIVITY AT THE TIME OF INCIDENT _____
DESCRIBE CLEARLY WHAT OCCURRED (HOW, WHEN, WHERE) INCLUDE DIAGRAM IF NEEDED

WHAT ACT, FAILURE TO ACT OR CONDITION(S) CONTRIBUTED MOST DIRECTLY TO THIS HAPPENING? PLEASE DESCRIBE ANY UNSAFE ACTS OR UNSAFE CONDITIONS _____

SUPERVISOR _____ DATE _____ MANAGER _____ DATE _____

DATE FORM COMPLETE AND BY WHOM _____
