

# 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 \_\_\_\_\_