

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 _____
ADDRESS WHERE ACCIDENT OCCURRED _____
ON EMPLOYER PREMISES? Y/N ___ 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. INCLUDE DIAGRAM IF NEEDED.

WAS EMPLOYEE PERFORMING NORMAL JOB DUTIES? Y/N ___
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 _____

Please send all medical bills/supporting documentation and non-medical invoices to:
Berkley Industrial Comp, PO Box 26008, Daphne, AL 36526
or email to: bin_mailroom@berkleymms.com

