

# Supervisor Injury Investigation Report

Phone number:

<b>Employee Name:</b>	<b>Department &amp; Job Title:</b>	<b>Supervisor:</b>	<b>Incident Reported To:</b>	<b>Shift:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup>
<b>Date of hire:</b>				

<b>Date &amp; Time Of Injury:</b> Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>If the report was not completed within 24 hours, why?</b>	<b>Work activity at time of injury?</b>	<b>Specific Location of Incident:</b>
<b>Date &amp; Time Injury Reported:</b> Date: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Date and time shift started:</b>	<b>Is this the employees regular work activity?</b>	

<b>Nature of injury:</b> <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Laceration <input type="checkbox"/> Irritation <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Fracture/Dislocation <input type="checkbox"/> Burn <input type="checkbox"/> Other	<b>Body Part Injured:</b>	<b>Witness(s) to the incident:</b>
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**How did the incident/injury occur:** *(Include equipment, machinery, tools, objects, chemicals, operation, PPE used, weight and size of material, etc.)*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Injured employee should describe, in detail, what happened)*

## Medical Treatment

<b>Result of Incident:</b> <i>(Check all that apply)</i>  <input type="checkbox"/> First Aid Treatment <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Job Restriction <input type="checkbox"/> Job Transfer <input type="checkbox"/> Prescription Medication	<b>Recordability of Incident:</b>  <input type="checkbox"/> OSHA # _____ <input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage	<b>Medical Evaluation / Treatment (name, address phone no.)</b>
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*(Human Resources/Safety will complete this portion)*

# Incident Investigation

INCIDENT CAUSES: List all causes and contributing factors for each of the following categories listed below:			
<b>1. Job Performance</b> – List the specific actions or activities of the employee that may have contributed to incident and why:			
<b>2. Employee Factors</b> – Identify PPE (personal protective equipment) used, apparel worn, employee training, job knowledge/planning, preoccupation or employee physical factors involved and why:			
<b>3. Work Practices</b> – List any accepted and/or unapproved or unsafe work practices that were being performed and why:			
<b>4. Tools, Equipment, &amp; Machinery</b> – List all equipment that was involved including the condition and appropriateness of use and why:			
<b>5. Work Environment</b> – Identify the environmental factors for either inside or outdoor activities including weather conditions, housekeeping, working surfaces, lighting, etc. that may have contributing to the incident's occurrence and why:			
RECOMMENDED CORRECTIVE ACTIONS: List below, the <u>specific corrective action(s)</u> that can be taken to eliminate <u>each</u> of the unsafe or inappropriate causes or contributing factors listed above:	Person Responsible for Implementation: <i>(Name)</i>	Date Action to be Completed by:	Date Action Completed:

\_\_\_\_\_  
On-site Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Regional Manager/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance/Safety Director

\_\_\_\_\_  
Date