

# INCIDENT INVESTIGATION REPORT

**This report must be completed by the injured employee's Supervisor/Principal and sent to Lori Thompson within 24 hours of notification of incident. (Fax: 497-8780 Phone: 497-8760 ext 230)**

## Basic Rules for Incident Investigation

- The purpose of an investigation is to find the cause of an incident and to prevent future occurrences.
- Visit the incident scene as soon as possible - while facts are fresh and before witnesses forget important details.
- Whenever possible, interview the injured worker at the scene of the incident and "walk" them through a re-enactment.
- Consider taking signed statements in cases where facts are unclear or where there is an element of controversy.

## SUPERVISOR'S REPORT

(Please Print)

Name of Employee Injured: \_\_\_\_\_ Department: \_\_\_\_\_  
 Date & Time of Incident: \_\_\_\_\_ Date requested medical attention: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Incident has resulted in (check all that apply):     Injury     Illness     Property Damage  
 Fatality     Other-Describe: \_\_\_\_\_  
 Last day worked: \_\_\_\_/\_\_\_\_/\_\_\_\_                      Returned to work: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date returned with restrictions \_\_\_\_/\_\_\_\_/\_\_\_\_                      Date returned without restrictions \_\_\_\_/\_\_\_\_/\_\_\_\_

Check all contributing hazards to this incident:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Work station design/layout | <input type="checkbox"/> Operation method          | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Improper work technique |
| <input type="checkbox"/> Lack of direct supervision | <input type="checkbox"/> Insufficient job training | <input type="checkbox"/> Lack of experience   | <input type="checkbox"/> Safety rule violation   |
| <input type="checkbox"/> Ergonomic factor           | <input type="checkbox"/> Improper or no use of PPE | <input type="checkbox"/> PPE not available    | <input type="checkbox"/> Weather                 |
| <input type="checkbox"/> Other _____                |  |   |  |

Are there any comments that you would like to add after reviewing the employee's incident report? \_\_\_\_\_  
 \_\_\_\_\_

Could this incident have been prevented?     Yes     No    If yes, how? \_\_\_\_\_  
 \_\_\_\_\_

## JOB INFORMATION

Did the employee receive training in the use of personal protective equipment?     Yes     No

What personal protective equipment is required in the employee's job? (Check ALL that apply)

- |                                   |                                      |   |   |   |
|-----------------------------------|--------------------------------------|---|---|---|
| <input type="checkbox"/> hard hat | <input type="checkbox"/> earplugs    | <input type="checkbox"/> safety glasses | <input type="checkbox"/> non-slip shoes   | <input type="checkbox"/> dust mask/respirator   |
| <input type="checkbox"/> gloves   | <input type="checkbox"/> face shield | <input type="checkbox"/> safety vests   | <input type="checkbox"/> steel-toed shoes | <input type="checkbox"/> Other - Describe _____ |

Was the employee using the required personal protective equipment?     Yes     No     None required

Did the employee receive training on how to avoid such accidents?     Yes     No

If so, when was the employee trained? \_\_\_\_\_ Who conducted the training? \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_