**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)

<table>
<thead>
<tr>
<th>Name of Employee Injured: _________________________</th>
<th>Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time of Incident: __________________________</td>
<td>Date requested medical attention: <em><strong><strong>/</strong></strong></em>/_____</td>
</tr>
<tr>
<td>Incident has resulted in (check all that apply): o Injury o Illness o Property Damage o Fatality o Other-Describe: ____________________________________________</td>
<td></td>
</tr>
<tr>
<td>Last day worked: <em><strong><strong>/</strong></strong></em>/______</td>
<td>Returned to work: <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
<tr>
<td>Date returned with restrictions <em><strong><strong>/</strong></strong></em>/______</td>
<td>Date returned without restrictions <em><strong><strong>/</strong></strong></em>/______</td>
</tr>
</tbody>
</table>

Check all contributing hazards to this incident:

- o Work station design/layout
- o Operation method
- o Improper maintenance
- o Improper work technique
- o Lack of direct supervision
- o Insufficient job training
- o Lack of experience
- o Safety rule violation
- o Ergonomic factor
- o Improper or no use of PPE
- o PPE not available
- o Weather
- o Other _____________________________________________________________________________________

Are there any comments that you would like to add after reviewing the employee’s incident report?___________________________________________________________

Could this incident have been prevented? o Yes o No If yes, how? _______________________________________________________________________________________

**JOB INFORMATION**

Did the employee receive training in the use of personal protective equipment? o Yes o No
What personal protective equipment is required in the employee’s job? (Check ALL that apply)

- o hard hat
- o earplugs
- o safety glasses
- o non-slip shoes
- o dust mask/respirator
- o gloves
- o face shield
- o safety vests
- o steel-toed shoes
- o Other - Describe __________________________________

Was the employee using the required personal protective equipment? o Yes o No o None required
Did the employee receive training on how to avoid such accidents? o Yes o No
If so, when was the employee trained? ______________ Who conducted the training? ______________

Supervisor: ____________________________ Date: ______________