

SUPERVISOR INCIDENT INVESTIGATION
(To be conducted with the employee)

INSTRUCTIONS: This report is intended to help correct problems, not to criticize or penalize employees injured while working. More importantly, the information provided below shows that any unsafe work practices or conditions are identified and promptly corrected.

Please Print

Employee Name: _____ Date of Injury: _____

Employer Name: _____

Describe Injury: (i.e. – sprain, burn, etc.) _____

Describe what occurred: (i.e. – fall, struck by, etc.) _____

INCIDENT REVIEW: Detail what employee was doing, how he/she was doing it, and what objects, tools, machines, structures, or equipment were involved.

Was this incident the result of: WORK PRACTICE AND/OR WORK ENVIRONMENT

What factors may have contributed to this injury? (i.e. training, maintenance, or equipment)

SAFETY PRECAUTIONS:

Explain in detail what actions were taken to correct the unsafe act or condition? _____

Who is responsible to implement? _____

When will corrective action be completed? _____

Supervisor completing this report:  _____ Date _____

Department Manager: _____ Date _____

Safety Officer: _____ Date _____