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| **Supervisor’s Accident/Incident Investigation Report** |  |

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| 1. **Name of injured employee (last, first)**
 | 1. **Incident Location (Address):**
 | 1. **Date and Time of Incident**
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| 1. **Date and Time Incident Reported**
 | 1. **Shift Begin & End Time**
 | 1. **Body Part Injured (if applicable)**
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|  |  |  |
| 1. **How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.**
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|  |
| 1. **Initial Factors**
 |
| [ ]  Cut/Puncture/Scrape[ ]  Struck by/against[ ]  Caught in/under/between | [ ]  Fall – from elevation [ ]  Slip/trip/fall – same level[ ]  Material handling/lifting | [ ]  Repetitive activity involved[ ]  Motor vehicle operated[ ]  Body fluid exposure | [ ]  Disease exposure[ ]  Chemical exposure[ ]  Other  |  |
| 1. **CONTRIBUTING FACTORS -** *Identify multiple contributing factors involved in the accident or incident*
 |
| **Equipment / PPE** | **Environment / Work Area**  | **Policy / Procedure** | **Implementation** | **Individual**  |
| [ ]  Defect or malfunction [ ]  Improper for job [ ]  Improper use [ ]  Not readily available [ ]  Design/ quality contributed to hazard | [ ]  Inadequate layout/space[ ]  Poor housekeeping [ ]  Ergonomic hazards [ ]  Unauthorized entry [ ]  Environmentalconditions  | [ ]  None available for task[ ]  Does not address hazards[ ]  Specific responsibilities not clearly assigned[ ]  No method to monitor and track implementation [ ]  Not consistent with best practices or regulations  | [ ]  Hazard not identified, or perceived as low risk [ ]  Lack of resources to implement safety policy [ ]  Inadequate training[ ]  Poor/inconsistent implementation of policy [ ]  Employee unaware of hazard  | [ ]  Employee fatigue[ ]  Not able to perform work [ ]  Difficult to perform task without help[ ]  Aware of hazard and controls but did not follow safe practice [ ]  Other |
| 1. **CORRECTIVE ACTIONS** *- Select possible corrective actions for each contributing factor identified*
 |
| **Equipment / PPE**  | **Environment** | **Policy / Procedure** | **Implementation** | **Individual** |
| [ ]  Develop inspection procedure[ ]  Identify proper equipment (JSA)[ ]  Train employees on proper equipment use[ ]  Evaluate equipment needs and access[ ]  Review equipment design/quality for task  | [ ]  Redesign work area [ ]  Implement periodic safety inspections[ ]  Conduct ergonomic evaluation [ ]  Develop controls to prevent entry[ ]  Review controls for environmental conditions  | [ ]  Develop procedure[ ]  Revise to control the hazards identified[ ]  Revise to assign responsibilities [ ]  Develop system to monitor implementation [ ]  Revise to reflect best practices/regulations  | [ ]  Establish hazard assessment and risk prioritization system[ ]  Review resource allocation for safety [ ]  Revise training plan to ensure job-specific training for supervisors and employees [ ]  Establish method to monitor compliance[ ]  Review training delivery and effectiveness  | [ ]  Review contributing factors for fatigue [ ]  Review job demands / need for transitional duty[ ]  Assess need for job redesign/assistive devices[ ]  Initiate compliance procedures (IIPP)[ ]  Establish corrective actions appropriate for the contributing factor  |
| 1. **Witnesses (name, phone number):**
 |
|  a) |
|  b) |
| 1. **Corrective Action Plan (if applicable)**
 |
| ***Action*** | ***Assigned to Who*** | ***Target for Completion*** |
| a) |  |  |
| b) |  |  |
| 1. **Medical Treatment or Time Loss Benefit Sought?**
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| [ ]  Yes; If so, offer and complete appropriate WC forms | [ ]  No; File supervisor report as an “Incident Only” | Comment: |
| 1. **Employee Acknowledgement**
 |  |  |
| Employee Name | Employee Signature | Date |
|  |  |  |
| 1. **Supervisor Review and Approval**
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| Supervisor name | Supervisor signature | Date |
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