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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name of injured employee (last, first)** | | | | | | | | | 1. **Incident Location (Address):** | | | | | 1. **Date and Time of Incident** | | | | |
|  | | | | | | | | |  | | | | |  | | | | |
| 1. **Date and Time Incident Reported** | | | | 1. **Shift Begin & End Time** | | | | | | | | | 1. **Body Part Injured (if applicable)** | | | | | |
|  | | | |  | | | | | | | | |  | | | | | |
| 1. **How injury/illness occurred in detail. Describe sequence of events. Specify object or exposure which directly produced the injury/illness.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 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  Environmental  conditions | | | 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?** | | | | | | | | | | | | | | | | | | |
| 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** | | | | | |  | | | | | | | | |  | | | |
| Supervisor name | | | | | | Supervisor signature | | | | | | | | | Date | | | |
|  | | | | | |  | | | | | | | | |  | | | |