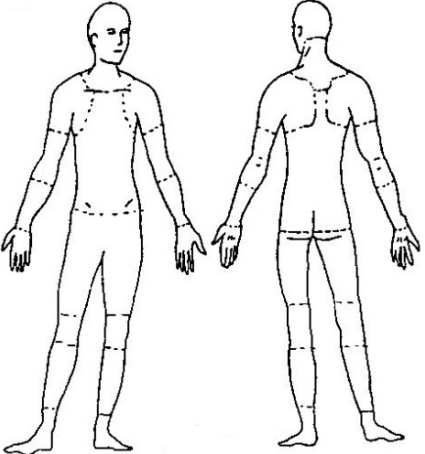


Supervisor's Accident / Incident Investigation Report

Instructions: Complete this form as soon as possible after an accident/incident that results in serious injury, illness or property damage. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness.*)

This is a report of a:	<input type="checkbox"/> Death	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Recordable	<input type="checkbox"/> First Aid Only	<input type="checkbox"/> Dr. Visit
	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Incident	<input type="checkbox"/> Property Damage		
Date of incident:	This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Final Report				

Step 1: Injured employee (complete this part for each injured employee)

Name:	Job Title at time of incident:	
Cell Phone #:	Gender: Male Female	Age:
Company:	Project Name:	
Project Address:		
Part of body affected: (cloud all areas that apply; Tools > Markup > Cloud) 	Nature of injury (most serious one): <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system (e.g.: nervous, respiratory, or circulatory systems) <input type="checkbox"/> Other: _____	
	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Years / Months with this employer: <hr/> Months on this job:

Step 2: Describe the accident/incident

Exact location of the accident/incident on job site:	Exact time:		
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials, and other important details.

Description continued on attached sheets:

Step 3: Why did the accident/incident happen?

Unsafe workplace conditions: (Check all that apply)

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training
- Other: _____

Unsafe acts by people: (Check all that apply)

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting by hand
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools
- Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? Yes No
If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this injury/near miss from happening again?

- Stop this activity
- Guard the hazard
- Train the employee(s)
- Train the supervisor(s)
- Redesign task steps
- Redesign work station
- Write a new policy/rule
- Enforce existing policy
- Routinely inspect for the hazard
- Personal Protective Equipment
- Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: Who completed and reviewed this form? (Please Print)

Written by:
Department:

Title:
Date:

Names of investigation team members:

Reviewed by:

Title:
Date