



# Supervisor's Incident Investigation Report

## Part I Incident Details

1. Employee:		Department:	2. Occupation:	<input type="checkbox"/> Inmate
			Length of time? Yrs      Mos	<input type="checkbox"/> AWP
Date of incident:	Time:	3. Location of incident:		
4. Task being performed when incident occurred?				
5. What training had the employee received for the described task?				
6. Was the employee made aware of any hazards and safety procedures associated with the task? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Please explain.				
7. Supervision at the time of incident? <input type="checkbox"/> Direct <input type="checkbox"/> Indirect <input type="checkbox"/> Not supervised <input type="checkbox"/> Supervision not feasible, explain:			Supervisor incident reported to?	
Employee was working? <input type="checkbox"/> Alone <input type="checkbox"/> With co-workers <input type="checkbox"/> Other :				
8. Name of witness: Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No			9. Name of witness: Statement attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Describe how the incident happened and what occurred, nature of injury, part of body or property damaged:				
Severity of injury? <input type="checkbox"/> First aid <input type="checkbox"/> Medical treatment <input type="checkbox"/> Hospitalization, where: <input type="checkbox"/> Other, specify:				
11. <b>Incident Sequence:</b> Describe in reverse order of occurrence events preceding the injury and/or incident. Starting With the injury and moving back in time reconstruct the sequence of events that led to the injury and/or property damage.				
A. Injury event:				
B. Accident/incident event:				
C. Preceding event #1:				
D. Preceding event #2, #3, etc.				
12. Was suitable protective equipment/clothing available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			13. Was the protective equipment/clothing properly used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Please explain any "No" answers for boxes 12 and 13.				
14. What specific unsafe act(s) and or condition(s) contributed to the incident?				
15. Why was the unsafe act committed or why did the unsafe condition exist?				

**Please complete Part II Corrective Action**

**Supervisor's Incident/Illness Investigation Report Part II Corrective Action**

16. <u>Corrective Action(s)</u> : <input type="checkbox"/> Instruction/Training <input type="checkbox"/> Motivation/Discipline <input type="checkbox"/> Repair/Eliminate <input type="checkbox"/> Provide PPE <input type="checkbox"/> Engineering controls <input type="checkbox"/> Administrative controls <input type="checkbox"/> Non-preventable, skip down to 21. <input type="checkbox"/> Other:		
17. Describe what corrective action needs to be taken to ensure this type of incident does not recur. List by letter a), b), c), etc.		
18. Who has been given the responsibility to implement the above corrective action to prevent a similar reoccurrence?		
19. Who will follow up with the above person(s) to verify that the corrective action is taken in a timely manner?		
20. Explain what corrective action has already been taken, by whom and when?		
21. Additional comments:		
Reporting Supervisor's Signature:	Phone:	Date:
Manager's Signature:	Print Name:	Facility:
Date:	Date:	Date:

Distribution:  
 Keep a copy on file and send the original to the department Safety Rep who will complete Part III Section A, and forward a copy to the CEO-Risk Management, Safety Division. After review by the Safety Committee, Part III Sections B and C will be completed by the Safety Rep.

**Supervisor's Incident/Illness Investigation Report Part III Report Review**

A. Reviewed by Safety Rep On:	Status: <input type="checkbox"/> Returned to Supervisor <input type="checkbox"/> Copy to Risk Management	Reasons returned: <input type="checkbox"/> Incomplete <input type="checkbox"/> Further Investigation	Received by Safety Rep On:
B. Safety committee summary: <input type="checkbox"/> Non-preventable, no action required <input type="checkbox"/> Preventable, sufficient action taken <input type="checkbox"/> Safety committee recommendations:			
C. Safety Rep's Signature:		Date Investigation Closed:	