



Supervisor's Incident Investigation Report

Please return to Human Resources within 72 hours of incident.

Complete this form as soon as possible. Attach witness statements, photos, maps, if relevant.

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Injury <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit <input type="checkbox"/> First Aid <input type="checkbox"/> Near Miss (check all that apply)	
Date of incident:	Employee name:
Date(s) employee missed work due to incident:	
Was the incident as described on the employee's report form? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
When did it occur? <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	
Did you witness the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you examine the site? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Did you interview the employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Did you interview witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Summary of incident or additional information not provided by employee. Include names of any machines, parts, objects, tools, materials, PPE used, and other important details.	
Were you able to determine the cause of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	
Contributing Factors: <input type="checkbox"/> Lack of proper skills <input type="checkbox"/> Lack of using PPE <input type="checkbox"/> Operating without authority <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Taking unsafe position <input type="checkbox"/> Unsafe loading, placing <input type="checkbox"/> Inattention, distraction	<input type="checkbox"/> Hazardous arrangement <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> Insufficient instruction <input type="checkbox"/> Weather <input type="checkbox"/> Insufficient illumination <input type="checkbox"/> Defective tools/equipment <input type="checkbox"/> Other _____

Corrective action(s) taken:

Completed by:

Signature

Date: _____

Supervisor's printed name: _____

Please provide a copy to your Department Director and send to HR within 72 hours of the incident.