

Supervisor's Incident Investigation Report for Workplace Injuries

(Sample #1)

1. Name of employee _____ Age _____
2. Occupation _____ Dept. & No. _____
3. Date of incident _____ Time _____ A.M. _____ P.M. _____
4. Place of incident _____
5. Witness(es) _____
6. Did you authorize first-aid or doctor? Yes No
Name and address of doctor _____
7. Did injured leave work? Yes No When _____
8. Did injured return to work? Yes No When _____
9. Describe nature and extent of injuries _____
10. Describe incident _____
11. Accident causes (mark those that apply)

Physical Sources

- Poorly maintained tools or equipment
 - Poor housekeeping, slippery floor, or tripping hazards
 - Unguarded equipment
 - Crowded work conditions
 - Poor storage practices
 - Personal protection and clothing not adequate for hazards
 - Insufficient lighting or ventilation
 - Cold or hot temperatures
 - Other contributing conditions
- _____
- _____

Unsafe behaviors

- Inadequate instructions
 - Did not use assigned personal protective equipment
 - Did not follow rules or instructions
 - Circumvented safety features
 - Used poorly maintained tools and machinery
 - Failed to follow established procedures and work practices
 - Unable to physically perform work
 - Other contributing behaviors
- _____
- _____

12. Describe actions to take to avoid recurrence: _____
 13. Signatures: _____
 14. Prepared By: _____
(Supervisor)
 - Reviewed By: _____
(Person Responsible for Safety)
 - _____
 - (Manager)
- Date: _____

(Must be completed within 24 hours of incident)
- Company Use Only -