

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT



1. Entity Name	2. Date of Loss	3. Time	AM PM
4. Name: Employee, Vehicle, Building, Etc.			
5. Department/Shift:	6. Location of Accident/Incident	7. New Employee Equipment or Operation? Yes No	

8. Type of Accident Incident (Check All That Apply)

<input type="checkbox"/> Near miss	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Potential hazard
<input type="checkbox"/> Property damage	<input type="checkbox"/> Employee injury/illness	<input type="checkbox"/> Entity premises incident
<input type="checkbox"/> Equipment damage	<input type="checkbox"/> Vehicular accident	<input type="checkbox"/> Other

9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

Ask the following questions: **Who?** _____ **What?** _____ **When?** _____ **Where?** _____ **How?** _____ **Why?** _____

11. What should be done to prevent a reoccurrence?

Circle the following items that require additional attention:

<u>Admin./Mgt.</u>	<u>Environment</u>	<u>Equipment</u>	<u>Material</u>	<u>People</u>
Policies	Weather	Selection	Selection	Selection
Procedures	Housekeeping	Arrangement	Placement	Placement
Scheduling	Temperature	Use	Handling	Training
Purchasing	Noise	Maintenance	Process	Coaching
Logistics	Light	Availability	Availability	
	Toxic/Hazardous	Convenient		
	Material	Appropriate		

12. What actions have been taken? _____

Take or recommend action consistent with your authority.

13. How will corrective actions improve conditions or behavior? _____

14. Investigated By	Title	Date	15. Reviewed By	Title	Date
----------------------------	--------------	-------------	------------------------	--------------	-------------