

**SUPERVISOR'S INVESTIGATION
REPORT OF INJURY INCIDENT (NEAR MISS)**

Date of accident: _____ Time of accident: _____ Injured Employee's Name: _____ Sex: _____

Age: _____ Department: _____ Employment Status: Full time: _____ Part time: _____ Temporary: _____ Other: _____ Position (title): _____

Length of time in job _____ classification: _____ Was employee performing regular job duties: _____

If not, explain: _____ Location of Accident: _____

Time Employee Began Work: _____ Was employee working overtime? _____ If yes, explain: _____

Type of injury: _____

First Aid given: _____ Visit to clinic? _____ Emergency care? _____ Restricted duty? _____ Loss time: _____ Body part(s) injured: _____

Describe incident in detail:

Were hazardous materials/chemicals involved? _____ Name of material/chemical: _____

Did employee receive any training in the prevention of this type of accident? _____ Date: _____

Witnesses (attach written statements):

Full Name: _____ Job Title: _____

Full Name: _____ Job Title: _____

Full Name: _____ Job Title: _____

CAUSES OF ACCIDENT/INJURY: Check boxes of all applicable conditions pertaining to this incident.

INJURY (1 – 10):

- 1 Fall from elevation 2 Fall same level 3 Struck by 4 Caught in, under or between 5 Over-exertion: 6 Push/pull 7 Lift/lower 8 Carry/hold 9 Twist at waist
10 Cumulative trauma disorder Electrical contact Fumes: Caustics Gas Smoke Dust Noise Motor vehicle Laceration Contusions
 Other _____

PROPERTY DAMAGE (1-5): 1 Fire/Explosion 2 Collapse 3 Rupture or bursting 4 Collision or overturn 5 Other

(describe) _____

ENVIRONMENTAL: **Inadequate safeguards** – Lack of handling or safety devices; unsafe design; unguarded machinery; lack of safe work. **Improper or defective equipment** – Poorly maintained, broken, cracked, rough, slippery, worn equipment; inappropriate personal protective equipment. **Location hazards** – Poor layout; congestion; insufficient space for storage; poor lighting, etc. **Poor ergonomics** – Heavy lifting, poor workstation design; excessive bending, twisting or reaching; inadequate or broken tools; poor controls/displays. **Poor housekeeping** – Improper placing or stacking; clutter, spillage or breakage. **Not otherwise classified**

PERSONAL: **Bodily Conditions** – Physical impairment; illness; fatigue; emotional upset/stress; intoxication/drugs. **Lack of skill or knowledge** – Improperly trained; inexperienced; uninformed; unaware, etc.. **Adequate skill or knowledge but failure in execution** – Chance taking; unauthorized or unnecessary use of equipment or tools; failure to use or deliberately making safety or control devices ineffective; failure to do what should have been done in the particular situation. **Improper apparel** – Failure to use personal protective equipment (eye, face, foot, hand, head, hearing, respiratory, etc.): loose clothing, hair, jewelry, etc.. **Not otherwise classified**

Could this incident have been prevented: _____

Explain: _____

Corrective action plan (include what action has or will be taken and time frame; e.g.: retraining, new in-service, or job reassessment):

Employee's Supervisor at time of injury: _____

Investigation completed by: _____ Date: _____

Reviewed by: _____ Date: _____

FORWARD REPORT TO RISK MANAGEMENT WITHIN 24 HOURS OF ACCIDENT – COPY TO: SUPERVISOR--HUMAN RESOURCES--CLAIMS ADMINISTRATOR