Print Form

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Municipality	Department/Division	Claim #

Exact Location Of Incident	Date & Time of Incident	Date Reported to Supervisor

Name of Witness #1 / Contact Number	Name of Witness # 2 /Contact Number

Temperature	Weather Conditions	Light Conditions

Personal Injury or Illness

Name	Occupation / Job Title	Length of Time in Position

Object / Substance causing injury

Injury / Illness Type

- ☐ Abrasion
- ☐ Puncture / Laceration
- ☐ Crushing
- ☐ Amputation
- ☐ Contusion / Bruise
- ☐ Sprain / Strain
- ☐ Cumulative Trauma
- ☐ Fracture / Dislocation
- ☐ Burn, Thermal
- ☐ Burn, Chemical
- ☐ Electric Shock / Burn
- ☐ Heat / Cold Stress
- ☐ Posioning
- ☐ Respiratory Distress
- ☐ Plant /Insect / Animal
- ☐ Other

Contributing Acts or Conditions (check all that apply)

- ☐ Lifting /material handling
- ☐ Fatigue /physical condition
- ☐ Posture / positioning
- ☐ Equipment maintenance
- ☐ Equipment selection
- ☐ Equipment material use
- ☐ Sudden movement
- ☐ equipment maintenance
- ☐ Housekeeping
- ☐ Warnings / labeling
- ☐ Use of safety features
- ☐ Proper authorization

Root Causes & Contributing Factors (check all that apply)

- ☐ Knowledge /training
- ☐ Selection / placement
- ☐ Supervision
- ☐ engineering controls
- ☐ PPE use / condition
- ☐ Inspection maintenance
- ☐ Equip. specifications
- ☐ Feedback system
- ☐ Policy / practice
- ☐ EE attitude / behavior
- ☐ Drug /alcohol /horseplay
- ☐ Environmental conditions

- ☐ Personal Protect equip.
- ☐ Other
- ☐ Other
- ☐ Other

Was Safety equipment & Personal Protective Equipment (PPE) in place and being used? ☐ Yes ☐ No

List safety equipment / PPE used and date of last inspection:

Property Damage

#1 Property Damaged	#2 Property Damaged

Cost ☐ estimate ☐ actual $

Cost ☐ estimate ☐ actual $

What action (s) or lack of action(s) contributed to this loss?

Employee's Description of Incident

What could be done to prevent reoccurrence?

Employee Name	Employee Signature	Date

Supervisor's Description of Incident (Clearly relate events leading to incident and attach additional pictures, diagrams etc)

Why did this incident happen (List all factors that helped to cause the incident)

What could be done to prevent the reoccurrence?

Date of most recent training relevant to this incident:

Supervisor Name	Supervisor Signature	Date

Safety Committee Review: What could be done to prevent reoccurrence?

Safety Coordinator Name	Safety Coordinator Signature	Date

Witness Statement

Municipality	Department/Division	Claim #

Exact Location of Incident	Date of Incident	Time of Incident

Name	Title

Description of Incident

What actions, conditions, or lack of actions contributed to incident?

What could be done to prevent reoccurrence?

Witness Signature

Date

Distribution

Supervisor - Send completed report to Claims Coordinator

Claims coordinator - Send completed report to 1) Scibal Associates, 2) JA Montgomery Risk Control 3) Safety Coordinator *** Attach Police Report and pictures for all vehicle and property damage reports

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