

Submit

SUPERVISOR'S INCIDENT REPORT

Print Form

Municipality

Department/Division

Claim #

Exact Location Of Incident

Date & Time of Incident Date Reported to

Temperature

Weather Conditions

Light Conditions

Name of Employee:

Occupation / Job Title

Length of Time in Position

Description of Incident

Injury / Illness Type

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Contusion / Bruise | <input type="checkbox"/> Burn, Thermal | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Puncture/Laceration | <input type="checkbox"/> Sprain / Strain | <input type="checkbox"/> Burn, Chemical | <input type="checkbox"/> Respiratory Distress |
| <input type="checkbox"/> Crushing | <input type="checkbox"/> Cumulative Trauma | <input type="checkbox"/> Electric Shock / Burn | <input type="checkbox"/> Plant /Insect / Animal |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fracture / Dislocation | <input type="checkbox"/> Heat / Cold Stress | <input type="checkbox"/> Other <input type="text"/> |

Contributing Acts or Conditions (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lifting /material handling | <input type="checkbox"/> Sudden movement |
| <input type="checkbox"/> Fatigue /physical condition | <input type="checkbox"/> Equipment maintenance |
| <input type="checkbox"/> Posture / positioning | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Equipment maintenance | <input type="checkbox"/> Warnings / labeling |
| <input type="checkbox"/> Equipment selection | <input type="checkbox"/> Use of safety features |
| <input type="checkbox"/> Equipment material use | <input type="checkbox"/> Proper authorization |
| <input type="checkbox"/> Personal Protect. equip | <input type="checkbox"/> Other <input type="text"/> |

Root Causes & Contributing Factors (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Knowledge/training | <input type="checkbox"/> Equip. specifications |
| <input type="checkbox"/> Selection/placement | <input type="checkbox"/> Feedback system |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Policy / practice |
| <input type="checkbox"/> Engineering controls | <input type="checkbox"/> EE attitude / behavior |
| <input type="checkbox"/> PPE use /condition | <input type="checkbox"/> Drug /alcohol /horseplay |
| <input type="checkbox"/> Inspection maintenance | <input type="checkbox"/> Environmental conditions |
| <input type="checkbox"/> Other <input type="text"/> | |

Was Personal Protective Equipment (PPE) or other safety controls in place and being used?

- Yes No

If Yes, list PPE / controls being used:

Name & Contact Information for Witness(es):

Employee's Description of Incident (as relayed to Supervisor) Attach additional statements if needed.

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 Signature

Date

Property Damage

Describe Property Damaged in this incident. What actions(s) or lack of actions(s) contributed to this loss?

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

What action(s) can be taken? Who is responsible for taking action? By When?

Distribution

Supervisor - Send completed report to Claims Coordinator. If applicable, attach the Police Report and photos for all motor vehicle and property damage reports.

Claims Coordinator - Send completed Supervisor Incident Investigation Report to:

1. Third-Party Administrator
2. Safety Coordinator