



## Supervisor's Incident Investigation Form

To be used for simple injury / illness.



Name of Injured Person \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Circle one)    Male    Female

What part of the body was injured? Describe in detail. \_\_\_\_\_

\_\_\_\_\_

What was the nature of the injury? Describe in detail. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of all witnesses:

\_\_\_\_\_

\_\_\_\_\_

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_

Exact location of event: \_\_\_\_\_

What caused the event? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were safety regulations in place and used? If not, what was wrong? \_\_\_\_\_

\_\_\_\_\_

Employee went to doctor/hospital? Doctor's Name \_\_\_\_\_

Hospital Name \_\_\_\_\_

Recommended preventive action to take in the future to prevent reoccurrence.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date