



SUPERVISOR INJURY / ILLNESS / NEAR MISS INVESTIGATION FORM

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This is a report of a: Death Lost Time Dr. Visit Only First Aid Only Near Miss

Date of incident: _____ This report is made by: Employee Supervisor Team Other _____

Step 1: Injured employee (complete this part for each injured employee)

Name: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age: _____
Division: _____	Job title at time of incident: _____	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Months with this employer _____ Months doing this job: _____

Step 2: Describe the incident

Exact location of the incident: _____	Exact time: _____
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____	
Names of witnesses (if any): _____ _____ _____ _____	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- Inadequate guard
- Unguarded hazard
- Safety device is defective
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- Unsafe clothing
- No training or insufficient training
- Other: _____

Unsafe acts by people: (Check all that apply)

- Operating without permission
- Operating at unsafe speed
- Servicing equipment that has power to it
- Making a safety device inoperative
- Using defective equipment
- Using equipment in an unapproved way
- Unsafe lifting
- Taking an unsafe position or posture
- Distraction, teasing, horseplay
- Failure to wear personal protective equipment
- Failure to use the available equipment / tools
- Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts?

Yes No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident?

Yes No

Have there been similar incidents or near misses prior to this one?

Yes No

Step 4: How can future incidents be prevented?**What changes do you suggest to prevent this incident/near miss from happening again?**

Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)

Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy

Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Step 5: Who completed and reviewed this form? (Please Print)

Written by:	Title:
Department:	Date:

Names of investigation team members:

Reviewed by:	Title:
	Date: