

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Incidents should be immediately reported to Campus Safety. This report should be completed, by the immediate supervisor, as soon as possible after the incident. It must be completed no later than 24 hours after the incident is reported and immediately sent to Human Resources (fax # 388-6529), EHS (fax # 388-8008), and the respective department head. Upon receipt, please also forward any treatment reports or additional documentation.

EMPLOYEE INFORMATION				
SECTION 1 – 8				
1. INJURED EMPLOYEE'S NAME:	2. ID # :	3. GENDER:	4. HOME PHONE #:	5. FULL OR PART TIME
6. DEPARTMENT/OCCUPATION		7. DAYS/SHIFT NORMALLY WORKED (i.e. M-F, 8:30–4:54):		8. IMMEDIATE SUPERVISOR:
INCIDENT OR ILLNESS INFORMATION				
SECTION 9 -17				
9. DATE OF INCIDENT:		10. TIME OF INCIDENT:	11. EXACT LOCATION OF INCIDENT:	
12. INCIDENT DAY OF WEEK:		13. DATE REPORTED BY EMPLOYEE:	14. PERSON WHO RECEIVED FIRST NOTICE:	
15. SECURITY CONTACTED:	16. WITNESSES (list names):		17. STATEMENTS FROM WITNESSES TAKEN:	
TREATMENT INFORMATION				
SECTION 18				
18. TREATMENT RECEIVED: (Check all that apply)				
<input type="checkbox"/> None <input type="checkbox"/> First Aid Only <input type="checkbox"/> Refused <input type="checkbox"/> Ellis Works <input type="checkbox"/> EMS <input type="checkbox"/> Emergency Room <input type="checkbox"/> Sent Home <input type="checkbox"/> Light Duty <input type="checkbox"/> Returned to Work Hospital taken to: _____ Doctor seen by: _____ (name and address) _____				
INCIDENT INFORMATION				
SECTIONS 19-25				
19. DESCRIBE HOW THE INCIDENT OCCURRED (Describe in detail and include conditions in area):				
19(b). DESCRIBE WEATHER CONDITIONS:				
20. EMPLOYEE FOUND (check all that apply):				
<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On Ground <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive Other: _____				
21. PART(S) OF BODY AFFECTED - Be Specific (e.g. left foot, upper right leg, right wrist, right side of neck, etc.):				
22. NATURE OF INJURY/ILLNESS (e.g. strain, laceration, contusion, scrape, swelling, rash, etc.):				

23. CAUSE OF INJURY (e.g. slip or trip, struck by, cut or puncture, distance of fall, etc.):

24. LIST IMMEDIATE CAUSE(S). List both unsafe actions and/or conditions (e.g. improper lifting, lowering, or carrying technique, poor housekeeping, equipment failure, energy source, motor vehicle accident, outside event, etc.):

25. LIST ROOT (UNDERLYING) CAUSE(S). (e.g. inadequate enforcement of work rules and procedures, lack of proper job procedures, improper use of equipment, etc.):

**CORRECTIVE ACTION
SECTION 26-36**

26. LIST THE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN TO REMOVE <u>IMMEDIATE</u> CAUSE(S) LISTED ABOVE.	BY WHOM	DATE COMPLETED

27. LIST THE ACTION(S) THAT HAVE BEEN OR WILL BE TAKEN TO REMOVE THE <u>ROOT</u> CAUSE(S) LISTED ABOVE.	BY WHOM	DATE COMPLETED

28. WHAT ADDITIONAL ACTION(S) NEED TO BE TAKEN?	BY WHOM	

29. INVESTIGATING SUPERVISOR:	30. DATE:	31. REVIEWED BY (DEPARTMENT):	32. DATE:
33. EHS - INVESTIGATOR:	34. DATE:	35. REVIEWED BY (EHS):	36. DATE: