



Supervisor's Injury Investigation Form Incident Review Report

Prior to completing this form, the supervisor should review applicable safety procedures, policies and job hazard analysis to compare the circumstances of the incident to the prescribed guidelines.

Employee name: _____

Date of incident: _____

Location of incident: _____

Time of incident: _____

What task was the employee performing at time of incident?

Is there a procedure for this task? **Circle one:** Yes No N/A

If yes, answer the following:

Was employee following procedure? Yes No

If the answer is no, why not?

Were proper tools or equipment being used? Yes No N/A

If the answer is no, why not?

Were tools or equipment in good condition? Yes No N/A

If the answer is no, why not?

Was the correct personal protective equipment used? Yes No N/A

If the answer is no, why not?

If the answer is yes, what type of PPE was used?

Were there housekeeping or environmental problems: i.e. Burnt out light bulbs in stairwell or hoses left on floor? Yes No N/A

If the answer is yes, what?

Were immediate corrective steps taken to address causes? Yes No N/A

If the answer is yes, what?

If the answer is no, why not?

Any recommendations for long-term corrections?

Was a report made to law enforcement or another agency? Yes No N/A

If yes, to what agency? _____

Incident Number: _____

Supervisor Signature: _____

Date Report Completed: _____