

(circle one)
Employee Guest Property
Vendor Trespasser

(circle one)
With Injury Without Injury
Hazard/Unsafe Condition

Supervisor's Incident Investigation Report

* This report is to be completed by the Supervisor responsible for the area where the Incident occurred or where the hazard exist. All spaces must be filled out or the letters N/A (non-applicable) used. It may be necessary for more than one Supervisor to complete an Incident Investigation Report for a single Incident or Hazard.

1. Location Name: _____ 2. Location No. _____
3. **Day, Date & Time** this report was filled out: _____

PERSONAL INJURY/ILLNESS

4. Date of incident: _____ 5. Time: _____ am/pm 6. Employee: _____ 7. Guest: _____ 8. Other _____
9. Name: _____ 10. Age _____ 11. Sex _____
12. Describe incident or hazard/hazardous condition etc., give exact location and any resulting injuries:

13. Act or condition which contributed to incident:

14. Witnesses:

15. Name of Supervisor first notified of incident:

16. Name of person notifying Supervisor:

17. Did injured receive emergency medical treatment(yes/no) _____ 18. If yes, by whom: _____

19. Transported to: _____ 20. By whom: _____

21. Name of Supervisor responsible for area where incident occurred or hazard/unsafe condition exists:

22. What action have you the Supervisor of the area of occurrence or where hazard exists taken to prevent reoccurrence or cause hazard elimination:

IF EMPLOYEE, PLEASE COMPLETE THE FOLLOWING

23. Job title: _____ 24. Department: _____ 25. Date employed: _____

26. Length of service at present position: _____

27. Name of Employee's immediate Supervisor: _____

28. Is this a lost time incident (yes/no/unknown): _____

29. Had injured Employee received training from Supervisor for the job function he/she was performing when he/she was injured: Yes _____ No _____ (one must be checked)

32. Signature of Supervisor completing this report: _____

33. Signature of Site Loss Control Coordinator: _____

34. Signature of Location Senior Manager: _____