

**SUPERVISOR'S INVESTIGATION REPORT
OF
WORK RELATED ILLNESS OR INJURY**

(Please Type or Write Legibly)

Injured Employee's Name		Employee Job Title		Division/Unit /Area/Ward
Date of Injury	Time of Injury ____AM ____PM	Work Shift <input type="checkbox"/> Day <input type="checkbox"/> 12-hr Day <input type="checkbox"/> Evening <input type="checkbox"/> 12-hr Night <input type="checkbox"/> Night <input type="checkbox"/> Overtime <input type="checkbox"/> Intern/Resident	Exact Accident Location (Indoor - Bldg., Floor, Room #; Outdoor - Parking Lot #, Sidewalk, etc)	
Date Injury Reported				

1. **How did it happen?** Go to scene and reconstruct accident. Ask what happened and how it happened. Attach additional sheets if needed.

2. **Witness(es)?** List Name(s) _____

3. **Cause(s) of the Accident** - What caused the accident? Was it procedure, material, equipment, environment, malfunction, or another cause? List all facts, processes and information of the work being performed and the environment around the employee during the incident.

4. **Corrective Action Taken** - What have you done to prevent future accidents? If applicable, have deficiencies been reported to Maintenance/Facilities Management for repair?

5. **Corrective Action To Be Taken** - How can similar accidents be prevented? Training, repair/maintenance, new equipment, change of procedure, change of attitude, etc. Please describe.

Supervisor Name _____ Tel. _____ Date _____
(Please Print)