

SUPERVISOR'S WORKPLACE INJURY INVESTIGATION REPORT

NOTE TO SUPERVISOR

Remember - an incident investigation is not designed to find fault or place blame. It is a detailed analysis to determine causes that can be controlled or eliminated. Your investigation will also document the facts as they were known, for future reference if needed.

While conducting the investigation, focus on these basic questions:

WHO was injured, who else was involved, and who witnessed the injury?

WHAT happened? What is the specific injury? What was the employee doing when injured? What specific workplace event caused the injury? What tools, machines, equipment, materials or conditions were involved?

WHEN did the employee get injured?

WHERE did the incident take place?

WHY did this set of circumstances result in this particular injury to this particular person on this particular day and time?

HOW can we prevent this incident from happening in the future? This is the ultimate goal of your investigation and your safety program. Be realistic and be prepared to act on your recommendations.

Follow-up is the most important outcome of your investigation. Do not let your report get lost in the files without following through on your preventive actions. Keep it in suspense until all preventive actions are addressed.

Name of injured employee: _____

University name: _____ Department: _____

Description of injury (include body part and severity) _____

Date of injury: _____ Time of injury: _____

Date of investigation: _____ Time of investigation: _____

What was employee doing when injured? _____

Where was this being done? (give exact location) _____

What protective equipment was available to injured employee? _____

What protective equipment was being used by the injured employee at the time of injury? _____

Names & statements of witnesses (attach extra pages if necessary) _____

Is there any indication that another party might be responsible for or may have contributed to the incident such as malfunctioning equipment or incident caused by someone *other than* a fellow employee? Yes No

If yes, explain: _____

Did anything in your investigation indicate further investigation by AmFed is needed? Yes No

If yes, explain: _____

What actions can be (or have been) taken to prevent similar incidents in the future? _____

Name and title of investigator: _____

Signature: _____

Distribution: Supervisor HR Dept. Safety Office IHLRisk Management AmFed