

### Supervisor Incident Investigation Form

Name : \_\_\_\_\_ Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Site: \_\_\_\_\_

About the Incident:

Date of incident: \_\_\_\_\_ Time you started work: \_\_\_\_\_ AM/PM Time of Incident: \_\_\_\_\_ AM/PM

Please name any witnesses: \_\_\_\_\_  
\_\_\_\_\_

What were you doing just before the incident occurred? (Describe Activity, as well as the tools, equipment, or materials you were using. Be specific. Example: "Running after a child." \_\_\_\_\_  
\_\_\_\_\_

What happened? Tell us how the injury occurred. \_\_\_\_\_  
\_\_\_\_\_

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Be specific. Example: "Twisted right ankle." \_\_\_\_\_  
\_\_\_\_\_

What object directly harmed the employee? Example: "loose carpet" "uneven ground". If this question does not apply write "NA" \_\_\_\_\_  
\_\_\_\_\_

Name/Address of Medical Provider: \_\_\_\_\_

Facility: \_\_\_\_\_ Address of Facility: \_\_\_\_\_

I certify the above information is truthful:

\_\_\_\_\_  
Print Supervisor Name

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date