

# 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      IHL Loss Control      AmFed