

SUPERVISOR'S INCIDENT REPORT

Municipality <input style="width: 95%;" type="text"/>	Department/Division <input style="width: 95%;" type="text"/>	Claim # <input style="width: 95%;" type="text"/>
Exact Location of Incident <input style="width: 95%; height: 30px;" type="text"/>		Date & Time of Incident <input style="width: 95%; height: 30px;" type="text"/>
Temperature <input style="width: 95%; height: 30px;" type="text"/>	Weather Conditions <input style="width: 95%; height: 30px;" type="text"/>	Light Conditions <input style="width: 95%; height: 30px;" type="text"/>
Name of Employee: <input style="width: 95%; height: 30px;" type="text"/>	Occupation / Job Title <input style="width: 95%; height: 30px;" type="text"/>	Length of Time in Position <input style="width: 95%; height: 30px;" type="text"/>
Description of Incident <input style="width: 95%; height: 40px;" type="text"/>		
Injury / Illness Type		
Abrasion	Contusion / Bruise	Burn, Thermal
Puncture / Laceration	Sprain / Strain	Burn, Chemical
Crushing	Cumulative Trauma	Electric Shock / Burn
Amputation	Fracture / Dislocation	Heat / Cold Stress
		Poisoning Respiratory Distress Plant /Insect / Animal Other <input style="width: 50px;" type="text"/>
Contributing Acts or Conditions (check all that apply)		Root Causes & Contributing Factors (check all that apply)
Lifting /material handling	Sudden movement	Knowledge/training
Fatigue /physical condition	Equipment maintenance	Selection/placement
Posture / positioning	Housekeeping	Supervision
Equipment maintenance	Warnings / labeling	Engineering controls
Equipment selection	Use of safety features	PPE use/ condition
Equipment material use	Proper authorization	Inspection maintenance
Personal Protect. equip	Other <input style="width: 50px;" type="text"/>	Other <input style="width: 50px;" type="text"/>
Was Personal Protective Equipment (PPE) or other safety controls in place and being used?		Yes No
List PPE / controls being used: <input style="width: 95%; height: 40px;" type="text"/>		
Name & Contact Information for Witness(es): <input style="width: 95%; height: 30px;" type="text"/>		
Employee's Description of Incident (as related to Supervisor) Attach additional statements if needed.		
<input style="width: 95%; height: 100px;" type="text"/>		

Supervisor's Description of Incident (Clearly relate events leading to the incident and attach additional pictures, diagrams, etc)

Why did this incident happen? (List all factors that helped to cause the incident)

What could be done to prevent the reoccurrence?

Date of most recent training relevant to this incident:

Supervisor Signature

Date

Property Damage

Describe Property Damaged in this incident. What actions(s) or lack of actions(s) contributed to this loss?

Safety Committee Review: What could be done to prevent reoccurrence?

What action(s) can be taken? Who is responsible for taking action? By When?

Distribution

Supervisor - Send completed report to Claims Coordinator; Attach Police Report, and photos for all Motor Vehicle and property damage reports.

Claims Coordinator - Send completed Supervisor Incident Investigation Report to:

- Qual-Lynx
- Your Municipal Claim Coordinator and Safety Coordinator