**SUPERVISOR'S INCIDENT REPORT**

Municipality

Department/Division

Claim #

Exact Location of Incident

Date & Time of Incident

Date Reported to Supervisor

Temperature

Weather Conditions

Light Conditions

Name of Employee:

Occupation / Job Title

Length of Time in Position

# Description of Incident

Injury / Illness Type

Abrasion

Puncture / Laceration

Contusion / Bruise Sprain / Strain

Burn, Thermal Burn, Chemical

Poisoning Respiratory Distress

Crushing Cumulative Trauma Electric Shock / Burn Plant /Insect / Animal

Amputation Fracture / Dislocation Heat / Cold Stress Other

# Contributing Acts or Conditions (check all that apply) Root Causes & Contributing Factors (check all that apply)

Lifting /material handling Fatigue /physical condition Posture / positioning Equipment maintenance Equipment selection Equipment material use Personal Protect. equip

Sudden movement Equipment maintenance Housekeeping

Warnings / labeling Use of safety features Proper authorization Other

Knowledge /training Selection / placement Supervision Engineering controls PPE use/ condition

Inspection maintenance Other

Equip. specifications Feedback system Policy / practice

EE attitude / behavior Drug /alcohol/horseplay

Environmental conditions Other

# Was Personal Protective Equipment (PPE) or other safety controls in place and being used? List PPE / controls being used:

Yes No

Name & Contact Information for Witness(es):

**Employee's Description of Incident (as related to Supervisor) Attach additional statements if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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

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