

SUPERVISOR INCIDENT INVESTIGATION

Loss Source Identification

INSTRUCTIONS: This report should be conducted with the employee and is intended to help correct problems, not criticize or penalize employees injured while working. More importantly, the information provided below is meant to identify and promptly correct any unsafe work practices or conditions.

1. Employee Name: _____ Date of Injury: _____

2. Describe Injury: (i.e. sprain, burn, etc.) _____

3. Describe what occurred: (i.e. fall, struck by, etc.) _____

INCIDENT REVIEW: Detail what employee was doing, how he/she was doing it, and what objects, tools, machines, structures or equipment were involved:

Was the incident the result of: UNSAFE WORK PRACTICE AND/OR UNSAFE CONDITION

What factors may have contributed to this injury? (see back of sheet for possible causes of accidents)

SAFETY PRECAUTIONS:

Explain in detail what actions were taken to correct the unsafe act or condition? _____

Who is responsible to implement? _____

When will corrective action be completed? (DATE) _____

Supervisor completing this report: _____ Date: _____

Employee completing this report: _____ Date: _____

Manager Signature: _____ Date: _____

POSSIBLE CAUSES OF ACCIDENTS:

- **Inadequate Safeguards** – lack of safety devices, unsafe design, unguarded machinery.
- **Improper, Inadequate or Defective Equipment** – worn, cracked, broken, poorly maintained equipment.
- **Hazards of Location** – poor layout, congestion, poor lighting.
- **Poor Housekeeping** – Improper piling or placing, clutter, spillage or breakage.
- **Inadequate Training / Knowledge** – lack of proper direction and recognition of hazards.
- **Inadequate Personal Protective Equipment** – appropriate personal protective equipment is not available, maintained or used properly.
- **Improper Apparel** – rundown shoes, loose sleeves, not appropriate for weather conditions.
- **Bodily Conditions** – fatigue, lack of attention, poor eyesight, lack of strength, illness, etc.