

SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT



1. Entity Name	2. Date of Loss	3. Time	AM	PM
4. Name: Employee, Vehicle, Building, Etc.				
5. Department/Shift:	6. Location of Accident/Incident	7. New Employee Equipment or Operation?		
		Yes	No	

8. Type of Accident Incident (Check All That Apply)

<input type="checkbox"/> Near miss	<input type="checkbox"/> Fire/explosion	<input type="checkbox"/> Potential hazard
<input type="checkbox"/> Property damage	<input type="checkbox"/> Employee injury/illness	<input type="checkbox"/> Entity premises incident
<input type="checkbox"/> Equipment damage	<input type="checkbox"/> Vehicular accident	<input type="checkbox"/> Other

9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

Ask the following questions:

Who? _____ What? _____ When? _____ Where? _____ How? _____ Why? _____

11. What should be done to prevent a recurrence?

Circle the following items that require additional attention:

- | Admin./Mgt. | Environment | Equipment | Material | People |
|--------------------|--------------------|------------------|-----------------|---------------|
| Policies | Weather | Selection | Selection | Selection |
| Procedures | Housekeeping | Arrangement | Placement | Placement |
| Scheduling | Temperature | Use | Handling | Training |
| Purchasing | Noise | Maintenance | Process | Coaching |
| Logistics | Light | Availability | Availability | |
| | Toxic/Hazardous | Convenient | | |
| | Material | Appropriate | | |

12. What actions have been taken? _____

Take or recommend action consistent with your authority.

13. How will corrective actions improve conditions or behavior? _____

14. Investigated By	Title	Date	15. Reviewed By	Title	Date
----------------------------	--------------	-------------	------------------------	--------------	-------------

INSTRUCTIONS FOR SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

The following information should be used to complete the CIRSA Supervisor's Accident/Incident Investigation Report. This report should be filled out as soon as possible by the immediate supervisor of the department involved, and upon completion should be sent to the entity employee responsible for filing formal claim notices with CIRSA (or other appropriate claim handler).

This report is designed with a general format that is suitable for use on accidents/incidents involving employee injury, vehicular damage, property damage, or general liability. This form should also be utilized for reporting incidents or "near-misses" that may not result in actual physical damage to people, equipment, or property. These accidents/incidents may signify that there is an unsafe condition waiting for an accident/incident to happen, and if properly investigated, the accident/incident may be prevented.

Should additional space be needed when completing this report please attach the information securely and make a note on the original form referencing the attached material.

1. Entity Name: List entity name.
2. Date of Loss: Record actual date of loss not the date on which the report is being completed.
3. Time: Time at which the actual loss occurred.
4. Name (Employee, Vehicle, Building): List name(s) or description of item(s) involved.
5. Department/Shift: Indicate under which department and if applicable which shift the accident/incident occurred.
6. Location of Accident/Incident: Indicate the actual physical location of the accident/incident. (ie. shops, water plant, park, etc.)
7. New Employee, Equipment or Operation: Indicate if there has been a new person, piece of equipment, or procedure involved.
8. Type of Accident/Incident: Classify accidents/incidents as accurately as possible, and check all that apply. There may be several areas involved.
 - A fire in a city building injuring a private citizen and several city employees. This could involve five or more claims including property, equipment, fire, workers' compensation, and public liability.
9. Be aware that the report likely is a public document and its content could affect the entity's liability for damage to property or injury to persons. If the accident/incident has resulted or may result in injury or damage to persons or property other than your entity's, please contact your Risk Manager, Claims Coordinator, Entity Attorney, or claims company prior to the completion of this form.
10. What Happened: Describe the event or series of events that resulted in the incident or accident. Include all people or property involved, damaged, lost, etc. including items from other departments or private property. Be as specific as possible and include any relevant events occurring prior, during or after the accident/incident. Use only facts. Do not submit the opinions of yourself or others.

Determine from the available evidence why this accident/incident occurred; utilize the six questions listed in the box to assist you in thinking through the situation. When completing this section consider information such as the following:

- Reporting any faulty equipment or lack of proper equipment.
- Noting improper or unsafe working conditions such as slippery floor, icy roads, liquid spill, poor housekeeping, or missing warning signs. Again, avoid placing blame on any individual or entering personal opinion by concentrating on the facts.

11. What Should Be Done: Determine what actions, if any, are required to eliminate the hazards involved and to restore safe working conditions. By using the five categories in the box, evaluate if the following will reduce the possibility of a re-occurrence.

- Additional training.
- Increased equipment maintenance.
- Improved material handling.
- Re-selection of equipment, material, or people, etc.

The categories of Admin/Mgmt, Environment, Equipment, Material, and People are a breakdown of the five main variables in the work place, and listed under these variables are the supervisory inputs that affect them.

Examples include:

- If there was an accident involving Equipment, you would study the effect that Selection, Arrangement, Use, and/or Maintenance of that piece of Equipment had in causing the accident.
- If there was an accident involving Material, determine if the Selection, Placement, Handling, and/or Processing of the Material caused or contributed to the accident.
- If there was an accident involving People, determine if a change in the Selection, Placement, Training, and/or Coaching of these people would have avoided the accident or may prevent a similar future accident.

12. What Actions Have Been Taken: Have any changes or improvements been made to remedy the situation? If an extremely hazardous condition is discovered, immediate action should be taken to prevent further loss. Regardless of the type of hazard, documented follow up action is important to determine if the hazard is being adequately controlled. While documentation cannot be included in this section due to the timeliness of reporting, the plan for follow up action should be listed.

Examples include:

- New machine guard is in place and weekly inspections started to verify guard use.
- Driver is enrolled in Defensive Driving course and supervisor will perform monthly road observations.
- No smoking policy established for city shop and on-site supervisors will be enforced.

13. How Will Corrective Actions Improve Operations: After determining the action to be taken, describe how this will improve the situation by eliminating or controlling a particular hazard.
Examples include:
- New chairs have been ordered for City Hall that will provide improved back support.
 - A lifeline has been installed in the "cherry-picker" to prevent workers from falling.
 - A physical fitness program has been mandated for the Police Department to improve strength and flexibility.
14. Investigated By: Name and title of supervisor who is completing this report and the date on which it was performed.
15. Reviewed By: Name and title of person to which this form is sent, usually a risk manager, department director, personnel manager, city clerk, or whomever is responsible for handling safety, claims, and insurance.