

SUPERVISOR'S INCIDENT REPORT

Municipality		Department / Division		Claim Number	
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			
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Contusion / Bruise	<input type="checkbox"/> Burn, Thermal	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Puncture / Laceration	<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> Burn, Chemical	<input type="checkbox"/> Respiratory Distress
<input type="checkbox"/> Crushing	<input type="checkbox"/> Cumulative Trauma	<input type="checkbox"/> Electrical Shock / Burn	<input type="checkbox"/> Plant / Insect / Animal
<input type="checkbox"/> Amputation	<input type="checkbox"/> Fracture / Dislocation	<input type="checkbox"/> Heat / Cold Stress	<input type="checkbox"/> Other _____
Contributing Acts or Conditions (check all that apply)		Root Causes & Contributing Factors (check all that apply)	
<input type="checkbox"/> Lifting/ material handling	<input type="checkbox"/> Sudden movement	<input type="checkbox"/> Knowledge / training	<input type="checkbox"/> Equip. specifications
<input type="checkbox"/> Fatigue / physical cond.	<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Selection / placement	<input type="checkbox"/> Feedback system
<input type="checkbox"/> Posture / positioning	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Supervision	<input type="checkbox"/> Policy/practice
<input type="checkbox"/> Equipment maintenance	<input type="checkbox"/> Warnings / labeling	<input type="checkbox"/> Engineering controls	<input type="checkbox"/> EE attitude / behavior
<input type="checkbox"/> Equipment selection	<input type="checkbox"/> Use of safety features	<input type="checkbox"/> PPE use / condition	<input type="checkbox"/> Drug / alcohol / horseplay
<input type="checkbox"/> Equipment / material use	<input type="checkbox"/> Proper authorization	<input type="checkbox"/> Inspection/maintenance	<input type="checkbox"/> Environmental conditions
<input type="checkbox"/> Personal protect. equip.	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Was safety equipment & Personal Protective Equipment (PPE) in place and being used? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List safety equipment / PPE used at time of injury:			

Name and 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 incident and attach additional pictures, diagrams etc.)

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

What could be done to prevent re-occurrence?

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:
1. Qual-Lynx
2. Your Municipal Claims Coordinator and Safety Coordinator