

SAMPLE



**SUPERVISOR INCIDENT REPORT**

**TYPE OF REPORT**

<input type="checkbox"/> Near Miss	<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Medical Treatment
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**REPORT COMPLETED BY**

<b>Name and Title:</b> James Jackson, Office Manager	<b>Date Completed:</b> 10/31/2022
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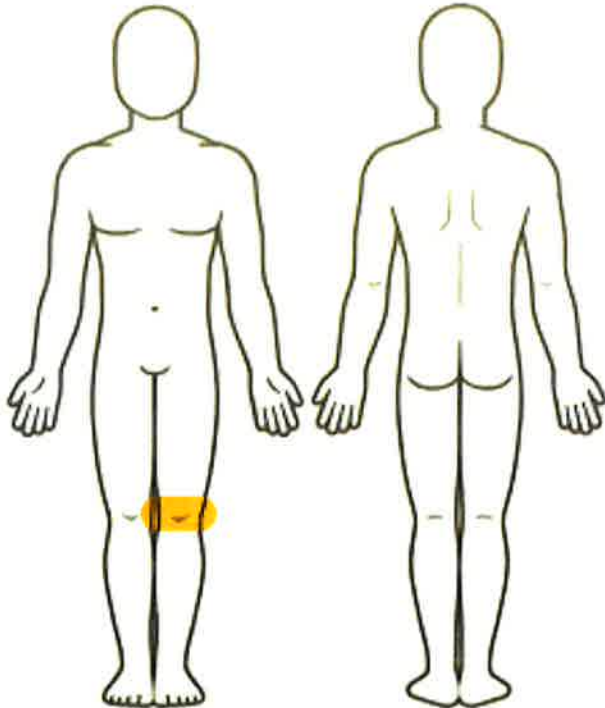
**INJURED EMPLOYEE INFORMATION**

<b>Employee Name:</b> Bob Smith
<b>Employee Agency and Job Title:</b> ABC Agency, Office Support Specialist

**INCIDENT INFORMATION**

<b>Date of Incident:</b> 10/30/2022	<b>Time of Incident:</b> 9:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	<b>Location of Incident:</b> Capitol Building, 700 W Jefferson Street, Boise, ID 83720
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Please circle the part of body injured:



Nature of Injury:

<input checked="" type="checkbox"/> X	Abrasion/Scrape/Contusion
<input type="checkbox"/>	Fracture
<input type="checkbox"/>	Burn
<input type="checkbox"/>	Concussion
<input type="checkbox"/>	Crushing Injury
<input type="checkbox"/>	Hernia
<input type="checkbox"/>	Illness
<input type="checkbox"/>	Sprain/Strain
<input type="checkbox"/>	Cut/Laceration/Puncture
<input type="checkbox"/>	Other (please describe below):

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**Description of Injury/Incident (describe the tasks being performed and sequence of events). Use additional paper if necessary:**

Bob was walking up the stairs in the Capitol Building. He was reviewing emails on his phone on the way to a meeting when he tripped and struck his left knee on the stairs. Bob has a contusion on his left knee and has requested to seek medical treatment.

**Witnesses (if any):**

Jane Doe

**Protective equipment (list any personal protective equipment used at the time of the incident):**

None

**Attachments (please list any forms, witness statements, photographs, maps, etc. that will be attached to this form):**

Witness statement from Jane Doe

# SAMPLE

## WHY DID THE INCIDENT OCCUR?

### Unsafe workplace conditions (select all that apply)

### Unsafe acts by people (select all that apply)

<input type="checkbox"/>	Inadequate guard	<input type="checkbox"/>	Operating without permission
<input type="checkbox"/>	Unguarded hazard	<input type="checkbox"/>	Operating at unsafe speed
<input type="checkbox"/>	Safety device is defective	<input type="checkbox"/>	Servicing equipment without shutting off power
<input type="checkbox"/>	Tool or equipment is defective	<input type="checkbox"/>	Safety device not in use
<input type="checkbox"/>	Workstation layout is hazardous	<input type="checkbox"/>	Using defective equipment
<input type="checkbox"/>	Unsafe lighting	<input type="checkbox"/>	Using equipment in unsafe way
<input type="checkbox"/>	Unsafe ventilation	<input type="checkbox"/>	Unsafe lifting
<input type="checkbox"/>	Lack of needed personal protective equipment	<input type="checkbox"/>	Using an unsafe posture or position
<input type="checkbox"/>	Lack of appropriate tools/equipment	<input checked="" type="checkbox"/>	Distraction/horseplay
<input type="checkbox"/>	Unsafe clothing	<input type="checkbox"/>	Failure to wear personal protective equipment
<input type="checkbox"/>	No training/lack of training	<input type="checkbox"/>	Failure to use the available equipment/tools
<input type="checkbox"/>	Other (please describe)		

### Why did the unsafe conditions exist?

N/A

### Why did the unsafe acts occur?

Bob was looking at emails on his phone instead of watching where he was going.

Were the unsafe acts or conditions reported prior to the incident?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Have there been similar incidents or near misses prior to this one?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No

Supervisor Name (Printed): James Jackson

Supervisor Signature: 

Date: 10/31/2022

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