



## SUPERVISOR INCIDENT REPORT

### TYPE OF REPORT

	Near Miss		First Aid		Medical Treatment
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### REPORT COMPLETED BY

Name and Title:

Date Completed:

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### INJURED EMPLOYEE INFORMATION

Employee Name:

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Employee Agency and Job Title:

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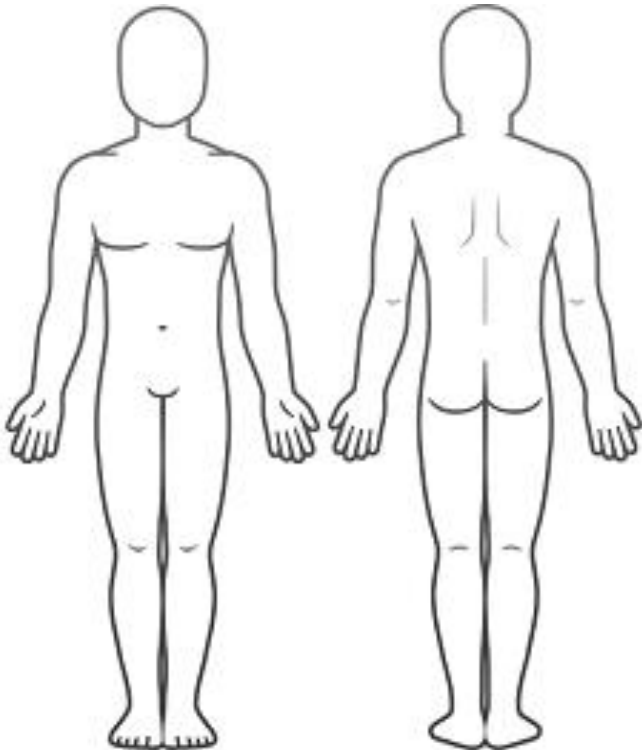
### INCIDENT INFORMATION

Date of Incident:      Time of Incident:      Location of Incident:

	<input type="checkbox"/> AM <input type="checkbox"/> PM	
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Please circle the part of body injured:

Nature of Injury:



	Abrasion/Scrape/Contusion
	Fracture
	Burn
	Concussion
	Crushing Injury
	Hernia
	Illness
	Sprain/Strain
	Cut/Laceration/Puncture
	Other (please describe below):

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

**Witnesses (if any):**

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

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

## WHY DID THE INCIDENT OCCUR?

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

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

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

### Why did the unsafe conditions exist?

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## Why did the unsafe acts occur?

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Were the unsafe acts or conditions reported prior to the incident?		Yes		No
Have there been similar incidents or near misses prior to this one?		Yes		No

Supervisor Name (Printed): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_