

# Supervisor Incident/Accident Investigation Form



Department	
<input type="checkbox"/>	Police Department
<input type="checkbox"/>	Fire Department
<input type="checkbox"/>	Public Works Department
<input type="checkbox"/>	City Clerk's Office
<input type="checkbox"/>	Legal
<input type="checkbox"/>	Mayor's Office
<input type="checkbox"/>	Commissioner's Office
<input type="checkbox"/>	Other _____

*Please attach Employee Incident/Accident Report form and, if city vehicle was involved, also attach Report of Accident Involving City Vehicle form to this report and submit to the personnel department within 24 hrs. of Incident/accident. If additional documentation (photos, police reports, cost estimates, medical reports or any other materials related to the Incident/accident) are available, please submit along with this report. If unavailable at the time of submission, additional documentation may be submitted separately.*

Supervisor's Signature and Title	Date of Incident	Exact Time of Incident
		<input type="checkbox"/> AM <input type="checkbox"/> PM
Employee Involved in Accident		Location of Incident

Unsafe Workplace Conditions (Check all that apply):	Unsafe Acts by People (Check all that apply):
<input type="checkbox"/> In adequate guard <input type="checkbox"/> unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment/tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	<input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power attached <input type="checkbox"/> Making a safety devie inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe positon or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment (PPE) <input type="checkbox"/> Failure to use the available equipment/tools <input type="checkbox"/> Other: _____

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

Was Employee Counseled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date
If Yes, What Was Explained?	

What Measures Were Put In Place to Correct Circumstances of Accident? Date
--

--