SUPERVISOR’S INJURY REPORT

Date of injury: ______ Time of injury: __________ Date and time of investigation:

WHO was injured: ____________________________________________________________

WHO else was involved in the incident: _________________________________________

WHO witnessed the incident: _________________________________________________
____________________________________________________________________________

WHAT was the employee doing when injured?

WHAT equipment, process or activity not described above may be related to the incident?

WHERE did the incident take place?

WHAT is the specific injury? (include body part(s) and severity)

-continued on back-

July 2020
WHY did this injury occur to this person at this time? Describe immediate cause and all underlying (root) causes you can identify. Continue to ask “why” for at least 5 levels of identified causes.

1.

2.

3.

4.

5.

HOW can similar incidents be prevented in the future? (include management, employee, equipment, and environmental considerations)

Name and title of person completing form:________________________________________________

Phone :________________________________________

Signature:_____________________________________________________________________

Safety Follow-up: What preventive measures were put in place to permanently avoid recurrence of similar incidents

July 2020