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### SUPERVISOR'S INVESTIGATIVE REPORT

This is a follow-up report used to identify and correct conditions or practices which have led to an employee work related incident

EMPLOYER'S NAME: \_\_\_\_\_

#### I. GENERAL INFORMATION

Employee Name	Date of Incident	Time of Incident
Date Supervisor was notified _____ Was report delayed? Yes ___ No ___ If so, why?		

#### II. WHERE?

Describe the exact location where the accident occurred

#### III. INTERVIEW (if there is/are witness(es), complete **Witness Statement** form and attach to report)

First Person Notified:	Date & Time Notified:
First Witness Name	Date & Time of Interview
Second Witness Name	Date & Time of Interview

#### IV. WHAT WERE THEY DOING?

Was employee performing their regular job at the time of the accident? Yes \_\_\_ No \_\_\_

What was the employee doing, were there tools and machinery involved, were other employees also involved with the task?

#### V. WHY?

What were the contributing factors related to this accident? (See reverse side for a partial list of important factors to consider)

#### VI. WHAT ACTION WAS TAKEN TO PREVENT RECURRENCE?

What physical equipment change(s) or repair(s) was/were made? (e.g., lifting devices, machine guards, wet floor signs etc.)

What new procedural changes were made? (e.g., daily inspection of machine guards, updated care plan, preventative maintenance)

What re-training was completed to employee and/or department to prevent recurrence? (See **Employee Retraining Certification**)

What personal protective equipment changes were made? (e.g., full face shield vs. safety glasses, latex gloves, steel-toed shoes)

OTHER:

#### VII. SIGNATURE

Name	Signature of Supervisor	Date	Date Reviewed by Safety Committee
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#### IMPORTANT

If you suspect the equipment or machinery was a probable cause of the incident, do NOT operate, fix, or replace it without first contacting the Atlantic Charter Claims Department at (617) 488-6500.

## Manual Material Handling

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- Excessive Weight?
- Large size or unusual shape?
- High push/pull requirements?
- Significant lifting force? (boxes stuck together)
- Thoroughness of job training?
- High task frequency?
- Forklift, hoist, lift device involved?

## Repetitive Motion

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- Awkward wrist posture?
- Excessive reach?
- High frequency of task?
- Excessive force?
- Temperature considerations?
- Excessive Vibration?
- Improper size and weight of object?

## Slips, Trips, and Falls

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- Slippery floor? (e.g., grease, water)
- Condition of floor?
- Adequacy of floor drains?
- Torn or loose carpeting?
- Appropriateness of footwear?
- Correct type and use of ladder?
- Adequacy of hand rails/steps?

## Machine Injury

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- Guarding adequacy?
- Guard removed?
- Lockout procedure followed?
- Maintenance issue?
- Adequacy of job training? (Consider language barriers)
- Adequacy of safety interlocks?

## Eye Injury

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- Eye protection being worn?
- Shields present on machines?
- Proper eye protection for the environment?

## Burn

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- Gloves being worn?
- Adequacy of job training?
- Task design appropriate?
- Sufficient maintenance?
- Defective material?

## Hand Tool Related Injury

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- Correct tool for the job?
- Defective tool?
- Sufficient guards?
- Sufficient maintenance?
- Adequacy of training? (Consider language barriers)
- Adequacy of work method?

## Vehicle Accidents

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- Vehicle equipment problem?
- Seatbelts being worn?
- Sufficient mirrors / adjustment issue?
- Hit by another vehicle?
- Moving violation?

## Struck By / Struck Against

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- Adequacy of overhead storage?
- Toe boards on scaffolds/mezzanines?
- Blind warehouse intersection?
- Sufficient aisle width?
- Work area arrangement problem?
- Task design problem?

## Occupational Disease

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- Adequacy of personal protective equipment?
- Adequacy of training? (Consider language barriers)
- Sufficient ventilation?
- Noise issue?

## Electrical Shock

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- Lockout procedure problem?
- Equipment problem?
- Maintenance problem?
- Warnings/signs adequate?

## Patient (Resident) Handling

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- Room layout (arrangement of furniture, doorways, etc.)?
- Bed height – not optimum?
- Availability of lift equipment?
- Not waiting for help?
- Unexpected resident/patient movement during ambulation?

## Bloodborne Pathogens Exposure

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- Use of "safe" needle device?
- Re-capping needles?
- Gloves or other PPE?
- Improper needle/sharp disposal?
- Overfilling sharps container?