



# ATLANTIC CHARTER

## INSURANCE COMPANY

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**HOME CARE -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

**IV. WHAT WERE THEY DOING?**

Was employee performing a job they were familiar with at the time of the accident? Yes \_\_\_ No \_\_\_

What specific job task or activity was being performed when the injury occurred?

**V. WHY?**

Has employee had any other injuries of a similar nature? Yes \_\_\_ No \_\_\_ (If yes, indicate injury date and brief circumstances)

What other 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?**

<i>What re-training was performed/planned for the caregiver and/or staff to prevent recurrence? (Please complete Atlantic Charter's <b>Employee Retraining Certification</b>)</i>	<i>Person responsible</i>	<i>Date referred</i>
What new procedural changes were made? (e.g., instructions for ensuring pets are restrained, updated care plan, etc.)		
What physical equipment change(s) or repair(s) was/were made? (e.g., change in home layout recommended, lifting device, request for home repair due to a safety issue, etc.)		
What personal protective equipment changes were made? (e.g., footwear, safer needle devices, face shield, latex gloves, etc.)		

**VII. SIGNATURE**

Name	Signature of Manager/Supervisor	Date	Date(s) reviewed by HR or Safety Committee
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**IMPORTANT**

**Notify Atlantic Charter Claims Department at (617) 488-6500 immediately, if you suspect a piece of medical equipment or hazard outside the control of the Agency was a probable cause of the incident. Take pictures of the accident scene, if possible, to show the hazard or area where accident occurred (use camera phone if digital or disposable camera is not available).**