Chaffey College
Safety & Risk Management

SUPERVISOR'S
INCIDENT INVESTIGATION REPORT

This form must be completed by the Supervisor as soon after the incident occurred as possible. This document is used for gathering information for investigating incidents and their causes so corrective action can be implemented to avoid recurrence of future incidents. Return completed reports to the Office of Risk Management.

EMPLOYEE INFORMATION

Name of Employee:_____

Department:_____ Campus:_____

Position/Title:_____ Colleague ID:_____

Did the employee go to the doctor, urgent care, or hospital? ☐YES ☐NO
Did the employee lose time from work? ☐YES ☐NO
If yes, hours lost on day of incident:_____
Has employee returned to work? ☐YES ☐NO

INCIDENT INFORMATION

Date of Incident:_____ Time of Incident:_____ Date Reported:_____

Incident Location:_____

How did the incident occur? (Describe what the employee was doing at the time of the incident, what happened, who was involved)

List injured body parts:_____

List property damage, if any:_____

Witness names and contact information:_____

Was the employee properly instructed on performing safe and efficient job tasks? ☐YES ☐NO
Did the employee violate any job instructions? ☐YES ☐NO
Was necessary protective equipment worn (if applicable)? ☐YES ☐NO
Was poor housekeeping a factor that caused this incident to occur? ☐YES ☐NO
Was horseplay a factor in causing this incident? ☐YES ☐NO
Was the incident caused by something that needed repairs? ☐YES ☐NO
Was there a guard (if appropriate) on the equipment? ☐YES ☐NO
Were there any specific personal items that contributed to the incident? ☐YES ☐NO
Was the incident caused by an unsafe act? ☐YES ☐NO
Did the employee report the incident to the supervisor immediately? ☐YES ☐NO

Unsafe conditions? (Was unguarded or unsafe condition of machinery, equipment, building or premises involved? If yes, please preserve the evidence)

Actions taken: (After the incident, what did the employer do to correct the conditions that caused the incident?)

Additional investigation needed? ☐YES ☐NO Additional training or equipment needed? ☐YES ☐NO

SUBMITTED BY

Print Supervisor's Name _____ Supervisor's Signature _____ Date _____