

## Isle of Wight County

### Supervisor's Accident/Incident Investigation Report

Date of Report \_\_\_\_\_ Department \_\_\_\_\_

Date/Time of Accident/Incident \_\_\_\_\_ Date/Time Reported to Supervisor \_\_\_\_\_

Employee Involved \_\_\_\_\_ Job Title \_\_\_\_\_

Length of Employment \_\_\_\_\_ Length at Present Job \_\_\_\_\_ Time Shift Began \_\_\_\_\_

Other Party involved - Name & Contact \_\_\_\_\_

Witness(es) - Name & Contact \_\_\_\_\_

Exact location of Accident/Incident \_\_\_\_\_

Type of Accident/Incident \_\_\_\_\_ Police Notified Y \_\_\_ N \_\_\_.

Injuries Y \_\_\_ N \_\_\_ Description \_\_\_\_\_

Medical Attention Provided - Describe \_\_\_\_\_

**County** Equipment/Vehicle involved in Accident/Incident

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

VIN \_\_\_\_\_ Towed/taken to \_\_\_\_\_

Description & Estimate of Damage (be specific) \_\_\_\_\_

**Other Party** Equipment/Vehicle involved in Accident/Incident

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate Number \_\_\_\_\_

VIN \_\_\_\_\_ Towed/taken to \_\_\_\_\_

Description & Estimate of Damage (be specific) \_\_\_\_\_

Detailed Description of how the Accident/Incident Occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Report \_\_\_\_\_

Department \_\_\_\_\_

INJURY/PROPERTY DAMAGE	CONTRIBUTING FACTORS AND ACTIVITIES		PREVENTIVE ACTIONS
<input type="checkbox"/> Caught in, under or between <input type="checkbox"/> Collapse <input type="checkbox"/> Cumulative Trauma <input type="checkbox"/> Electrical Contact <input type="checkbox"/> Fall/Slip/Trip <input type="checkbox"/> Fall from Elevation <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Fumes, Dust, Gas <input type="checkbox"/> Heat, Cold <input type="checkbox"/> Illness, Rash <input type="checkbox"/> Material Handling/lifting <input type="checkbox"/> Overexertion <input type="checkbox"/> Rupture or Bursting <input type="checkbox"/> Other _____ _____ _____	<p><b>Equipment:</b></p> <input type="checkbox"/> Failure <input type="checkbox"/> Improper <input type="checkbox"/> Unavailable	<p><b>Employee:</b></p> <input type="checkbox"/> Fatigue <input type="checkbox"/> Incorrect Procedure used for Task <input type="checkbox"/> Improper Apparel <input type="checkbox"/> Adequate knowledge but failure in execution <input type="checkbox"/> Other unsafe practice	<p><b>Supervisor Will:</b></p> <input type="checkbox"/> Remove equipment from use and repair/replace <input type="checkbox"/> Order new equipment <input type="checkbox"/> Order new PPE <input type="checkbox"/> Retrain employee before task is reassigned <input type="checkbox"/> Perform onsite review of work activity, update job safety analysis <input type="checkbox"/> Develop safe procedures <input type="checkbox"/> Schedule preventive maintenance <input type="checkbox"/> Communicate corrective actions to others in job category. <input type="checkbox"/> Other: _____ _____ _____ _____
	<p><b>Personal Protective Equipment:</b></p> <input type="checkbox"/> Not Worn <input type="checkbox"/> Failure <input type="checkbox"/> Inadequate for Task	<p><b>Lack of Policy/Procedure:</b></p> <input type="checkbox"/> Explain Below: <input type="checkbox"/> Other: _____ _____ _____ _____	
	<p><b>Training/Experience:</b></p> <input type="checkbox"/> Lack of Training/Experience <input type="checkbox"/> Safety Training not followed <input type="checkbox"/> New Task or lack of Experience		
	<p><b>Work Area:</b></p> <input type="checkbox"/> Setup improperly <input type="checkbox"/> Housekeeping Issues <input type="checkbox"/> Environmental Factors <input type="checkbox"/> Ergonomics Factors <input type="checkbox"/> Hazards of location		

Preventive Action will be completed by (Name and Department) \_\_\_\_\_

Completion Date: \_\_\_\_\_

Supervisor's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Department/Agency Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit completed form to Risk Management Coordinator within 24 hours after the occurrence of accident/incident. Please contact Risk Management if you have any questions or need assistance.**