

INCIDENT INVESTIGATION REPORT

This report must be completed by the injured employee's Supervisor and sent to Debbi Miller at dmiller@giresd.net within 24 hours of notification of incident.

Basic Rules for Incident Investigation

- The purpose of an investigation is to find the cause of an incident and to prevent future occurrences.
- Whenever possible, interview the injured worker and witnesses at the scene of the incident.
- Consider taking signed statements in cases where facts are unclear or where there is an element of controversy.

SUPERVISOR'S REPORT

(Please Print)

Name of Employee Injured: _____ Department: _____
 Date & Time of Incident: _____ Date requested medical attention: ____/____/____
 Incident has resulted in (check all that apply): Injury Illness Property Damage Injury to Student
 Fatality Other-Describe: _____

Check all contributing hazards to this incident:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Work station design/layout | <input type="checkbox"/> Operation method | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Improper work technique |
| <input type="checkbox"/> Lack of direct supervision | <input type="checkbox"/> Insufficient job training | <input type="checkbox"/> Lack of experience | <input type="checkbox"/> Safety rule violation |
| <input type="checkbox"/> Ergonomic factor | <input type="checkbox"/> Improper or no use of PPE | <input type="checkbox"/> PPE not available | <input type="checkbox"/> Weather |
| <input type="checkbox"/> Not implementing CPI techniques | <input type="checkbox"/> Not using available safety equipment (lift) | <input type="checkbox"/> Improper use of equipment | |
| <input type="checkbox"/> Other: _____ | | | |

Are there any comments that you would like to add after reviewing the employee's incident report? _____

Could this incident have been prevented? Yes No If yes, how? _____

JOB INFORMATION

Did the employee receive training in the use of PPE/equipment? Yes No

Were the procedures/protocols for this student/situation used? Yes No

What PPE/equipment is required in the employee's job? (Check **ALL** that apply)

- | | | | | | | |
|---|---|---|---|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Bite/Scratch guard | <input type="checkbox"/> Safety Glasses | <input type="checkbox"/> Non-slip shoes | <input type="checkbox"/> lift | <input type="checkbox"/> lift vest | <input type="checkbox"/> lift assist equipment | <input type="checkbox"/> gloves |
| <input type="checkbox"/> face shield/mask | <input type="checkbox"/> Additional Staff | <input type="checkbox"/> Gait Belt | <input type="checkbox"/> Other - Describe _____ | | | |

Was the employee using the required personal PPE/equipment? Yes No None required

Did the employee receive training on how to avoid such accidents? Yes No

If so, when was the employee trained? _____ Who conducted the training? _____

Does new or retraining need to occur? Yes No

Supervisor: _____

Date: _____