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Supervisor Accident/Incident Investigation Report

Snohomish County

_____ _____
Department/Division Claim No. *(if applicable)*

Risk Management • *Safety Office* • 3000 Rockefeller Ave. M/S 610 • Everett WA 98201-4046 • (425-388-3549)

Check all that apply: ☐ accident ☐ incident ☐ unsafe act ☐ unsafe condition ☐ near miss

Employee

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ ____ _____
Assigned Work Location Address City State Zip

_____ _____ _____ _____ ☐AM ☐PM
Today's date Job Title (at time of accident/incident) Work # Start Time of Shift

☐ Regular
☐ Temporary
☐ Volunteer
☐ Overtime
☐ Trustee
☐ Work Release

Accident/Incident

_____ _____ ☐AM ☐PM _____
Date of Accident/Incident **Time** Place of Accident/Incident

Name of Witnesses _____

Describe how the accident or incident occurred. **GIVE FULL DETAILS.** Include what activity or events preceded injury/incident

Injury

Part of Body

_____
(e.g. Head, Back, Hand, etc)

Type of Injury

_____
(e.g. strain/sprain, cut, abrasion, etc.)

Severity of Injury

☐ Incident- no medical treatment at this time
☐ Treat and Return to work
☐ Restricted Work Activity
☐ Lost Work Days

Other

Check one or more:

☐ Equipment Damage Equipment # _____
☐ Vehicle Damage Vehicle # _____
☐ Property Damage
☐ Other: Specify _____

Employee was working :

☐ Alone
☐ With crew or fellow worker
☐ Other: Specify

Supervision at the time of accident:

☐ Directly supervised
☐ Not supervised
☐ Indirectly supervised

_____ _____
Name of leadworker or Crew Chief *(if applicable)*

Evaluation

Cause of Accident or Incident- (include actions, events, or conditions which contributed to this such as an unsafe act or condition):

Corrective Action- What corrective action or recommendations were taken to prevent a recurrence (e.g. training, personal protective equipment, use of proper tools, ergonomic evaluation/equipment, review safety procedures, etc.):

Sign

_____ _____ _____ _____
Employee Supervisor Manager/Director Safety Officer

Supervisors: Return original to Risk Management M/S 610 and keep a copy for your records 2/4/10