

Supervisor Accident / Incident Investigation Report



Department/Division _____

Claim No. (if applicable) _____

Snohomish County

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 _____	<input type="checkbox"/> Regular
	Assigned Work Location Address _____	City _____	State _____ Zip _____	<input type="checkbox"/> Temporary
	Today's Date _____	Job Title (at time of accident/incident) _____	Work # / Start Time of Shift _____ AM/PM	<input type="checkbox"/> Volunteer
				<input type="checkbox"/> Overtime
				<input type="checkbox"/> Trustee
				<input type="checkbox"/> Work Release

Accident / Incident	Date of Accident/Incident _____ Time _____ AM/PM	Place of Accident / Incident _____
	Names of Witnesses _____	
	Describe how the accident or incident occurred. GIVE FULL DETAILS. Include what activity or events preceded injury/incident.	
	_____ _____ _____	

Injury	Part of Body _____ (eg. Head, Back, Hand, etc.)	Type of Injury _____ (eg. strain/sprain, cut, abrasion, etc.)	Severity of Injury <input type="checkbox"/> Incident-No medical treatment at this time <input type="checkbox"/> Treat and Return to Work <input type="checkbox"/> Restricted Work Activity <input type="checkbox"/> Lost Work Days
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Other	Check one or more:	Employee was working:	Supervision at the time of accident:
	<input type="checkbox"/> Equipment Damage Equipment # _____	<input type="checkbox"/> Alone	<input type="checkbox"/> Directly supervised
	<input type="checkbox"/> Vehicle Damage Vehicle # _____	<input type="checkbox"/> With crew or fellow worker	<input type="checkbox"/> Not supervised
	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Other: Specify _____	<input type="checkbox"/> Indirectly supervised
<input type="checkbox"/> Other: Specify _____		Name of Leadworker or Crew Chief (if applicable) _____	

Evaluation	Cause of Accident or Incident - (include actions, events or conditions which contributed to this): _____ _____ _____
	Corrective Action - What corrective action or recommendations were taken to prevent a recurrence (eg. training, personal protective equipment, use of proper tools, ergonomic evaluation/equipment, review safety procedures, etc.): _____ _____ _____

Sign	Employee _____	Supervisor _____	Manager/Director _____	Safety Officer _____
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