PRINT

RIVCO 1HR putting people first

IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY
ACCIDENT INVESTIGATION

Injured Employee Information

Department:		Location Address:					
Injured Employee:		Job Title:		Employee #:		☐ M	☐ F
D.O.B.:		Date of Injury / Incident:		Time of Incident:		☐ am	☐ pm
Employee Work phone:		Work Status: ☐ Full Time ☐ Part Time ☐ Temporary… ☐ Intern ☐ Volunteer					
Date Reported:		Reported to:		Work Phone:			

Injury / Incident: (Please describe the injury/incident in detail below)

(Check all that apply) ☐ Injury ☐ Illness ☐ Near miss ☐ Treated on-site ☐ Urgent Care ☐ Hospitalized

Name Witnesses:		Work Phone:		Emp. ☐ Yes ☐ No
Name Witnesses:		Work Phone:		Emp. ☐ Yes ☐ No

Injured Body Part / Type of Injury

√	Body Part	R	L
☐	Head		
☐	Face		
☐	Neck		
☐	Eyes	☐	☐
☐	Shoulders	☐	☐
☐	Upper Arms	☐	☐
☐	Elbows	☐	☐
☐	Forearms	☐	☐
☐	Wrists	☐	☐
☐	Hands	☐	☐
☐	Fingers	☐	☐

√	Body Part	R	L
	Torso		
	Upper Back		
	Lowers Back		
	Hips	☐	☐
	Thighs	☐	☐
	Knees	☐	☐
	Lower Legs	☐	☐
	Ankles	☐	☐
	Foot/Feet	☐	☐
	Toes	☐	☐
	Other:	☐	☐

Type of injury: (Check most serious one)	
☐ Sprain	☐ Rash
☐ Strain	☐ Overexertion
☐ Puncture	☐ Dislocation
☐ Crushed	☐ Fracture
☐ Contusion	☐ Amputation
☐ Abrasion	☐ Whiplash
☐ Burn	☐ Other:

Type specific body part →

What was employee doing prior to the incident? What equipment, tools or apparatus were being used?

What personal protective equipment was used (if any)?	

RIVCO 1HR
putting people first

IMMEDIATE SUPERVISOR'S REPORT OF EMPLOYEE INJURY
ACCIDENT INVESTIGATION

Nature of injury: (Check most serious one)

- ☐ Struck by
- ☐ Struck against
- ☐ Caught in / under / between
- ☐ Fall, same level
- ☐ Fall, different level
- ☐ Contact with chemical
- ☐ Contact with hot or cold surface
- ☐ Repetitive motion
- ☐ Foreign body in eye or skin
- ☐ Electrical shock
- ☐ Object being lifted or handled
- ☐ Contact with chemical
- ☐ Contact with hot or cold surface
- ☐ Inhalation, ingestion or absorption
- ☐ Vehicle accident
- ☐ Other:

Unsafe workplace conditions: (Check all that apply)

- ☐ Inadequate / unguarded hazard
- ☐ Uneven or obstructed walking surface
- ☐ Safety device is defective
- ☐ Leaving defective tool or equipment in service
- ☐ Workstation / area layout is hazardous
- ☐ Inadequate lighting
- ☐ Inadequate ventilation
- ☐ Required personal protective equipment not provided
- ☐ Lack of appropriate equipment / tools
- ☐ Improper clothing worn
- ☐ No training or insufficient training
- ☐ Other:

Unsafe acts by people: (Check all that apply)

- ☐ Operating without permission
- ☐ Operating at unsafe speed
- ☐ Servicing equipment that has power to it
- ☐ Making a safety device inoperative
- ☐ Using defective tool or equipment
- ☐ Using tool / equipment in an unapproved way
- ☐ Improper lifting or material handling technique
- ☐ Taking an awkward position or posture
- ☐ Distraction, teasing, horseplay, inattention
- ☐ Failure to wear / use required personal protective equipment
- ☐ Failure to use the appropriate equipment / tools for job
- ☐ Other:

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Why did the unsafe condition(s) exist?	☐ Y ☐ N	Why did the unsafe act(s) occur?	☐ Y ☐ N

How can future injuries / incidents be prevented?

Corrective Action Taken

Attachments: ☐ Yes ☐ No Totals to the right →	Written witness statements:	#	Photographs:	#	Maps / drawings:	#

Employee Signature _____ Date _____

Signature of Dept. Head _____ Date _____

Supervisor Signature _____ Date _____

Safety Coordinator _____ Date _____