

Supervisor Incident Investigation Report

Instructions: Supervisor must conduct an incident investigation immediately documenting findings on this form. (See [Incident Investigation Guidelines](#)). The original Employee Incident Report and Supervisor Investigation Report must be forwarded to Environmental Health and Safety Office (EH&S FM Annex 8 Fax 75302, ehsoffice@uncc.edu) as soon a possible or within three work days. Serious bodily injury or death must be reported to EH&S immediately.

Name of Employee: _____ UNC Charlotte ID: _____ Department: _____

Type of Injury: _____ Part of Body Injured: _____ Time Shift Began: _____ AM PM

Date of Incident: _____ Time: _____ AM PM Date Employer Notified: _____ Time: _____ AM PM

Description of Incident: (attach Pictures if necessary)

Possible Contributing Factors

Process / environment-related: (Check all that possible apply)

- | | |
|--|---|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Workstation / area setup |
| <input type="checkbox"/> Work procedure, or lack of | <input type="checkbox"/> Lighting |
| <input type="checkbox"/> Repetitive motion | <input type="checkbox"/> Flooring/ground |
| <input type="checkbox"/> Tool/equipment condition | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Tool/ equipment availability | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Personal Protective Equipment | |

Personnel-related: (Check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Tool/ equipment use or selection | <input type="checkbox"/> Work pacing |
| <input type="checkbox"/> Level of support / assistance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Awkward posture(s) | |
| <input type="checkbox"/> Personal protective equipment use | |
| <input type="checkbox"/> Following of procedure/instruction | |
| <input type="checkbox"/> Level of attention to task | |

Possible Root Causes(s): Factors contributing to the workplace condition(s) / act(s) identified above (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Awareness of job hazards | <input type="checkbox"/> Level of Training |
| <input type="checkbox"/> Level of inspection/maintenance | <input type="checkbox"/> Level of communication |
| <input type="checkbox"/> Level of resources available | <input type="checkbox"/> Other |

Additional details on possible causes(s): _____

Recommended Corrective Action

Check all that apply. Please use the additional space provided to explain the planned corrective action and completion dates.

Engineering Out The Hazard

- | | |
|---|---|
| <input type="checkbox"/> Elimination of hazardous technique, process or material | <input type="checkbox"/> Enclosure of hazard |
| <input type="checkbox"/> Substitution of a less hazardous techniques, process or material | <input type="checkbox"/> Ventilation of workplace source of contaminates |
| <input type="checkbox"/> Segregation of people from hazard | <input type="checkbox"/> Repair or replace of faulty equipment or machinery |

[FM Work Request](#)

Other _____

Anticipated Date of Completion

Date Completed

Planned Action - Educational/Administrative

- Conduct ergonomic evaluation
- Provide personal protective equipment
- Provide initial/refresher training [EH&S Training Site](#)

- Enclosure of hazard
- Ventilation of workplace source of contaminants
- Repair or replace of faulty equipment or machinery

Other _____

Anticipated Date of Completion

Date Completed

Personnel Enforcement

- Review as job performance issue
- Other _____

- Removal from job site
- Contractor/Vendor Violation

Anticipated Date of Completion

Date Completed

For each recommended corrective action checked above, describe the planned action. As actions are completed, record completion date, and initial the original copy for local record keeping purposes. All action should be completed within 30 days and documentation forwarded to the EH&S office.

Supervisor Print Name: _____

Signature: _____

Date: _____

Next Level Supervisor Print Name: _____

Signature: _____

Date: _____

Signing of this report does not constitute acceptance or assignment of individual fault