



SUPERVISOR INCIDENT INVESTIGATION REPORT

INSTRUCTIONS: Begin investigation within twenty-four (24) hours and document by completing Supervisor Incident Investigation Report sections. Forward completed Supervisor Incident Investigation Report, Employee Incident Report and witness statements within three (3) working days to the Environmental Health and Safety (EHS) office (EHS building, Fax 7-5098 or ehsoffice@uncc.edu).

Employee Name: UNCC ID #:

Department: Standard Work Hours: (from) (to)

Date of Incident: Incident Time: AM PM

Supervisor: Supervisor Phone #:

Incident Classifications (check all that apply):
 Near Miss Injury Health Exposure Fatality Spill Property Damage Other:

Employee Medical Treatment:
 No Medical Treatment / First-Aid Only Medical treatment and released Hospitalized Other:

Employee Work Status:
 Returned to work without restrictions Returned to work with restrictions Did not return to work (Lost Days)

Names of Witnesses Interviewed:

INCIDENT INFORMATION: Describe the specific activity the employee was engaged in and the sequence of events. Include objects or substances that directly injured or made the employee ill. Describe tools, equipment, and personal protective equipment (PPE) used. Attach pictures of incident location and/or property damage and/or police reports.

Empty space for incident information.

Is the activity part of the employee's normal job? Yes No
Prior to beginning activity, did the employee review potential hazards/dangers? Yes No
Date employee last received training for the activity.

CAUSE OF INCIDENT: (see next page for additional causes)
 Using equipment unsafely Improper lifting, carrying or handling Shortcut or hurrying
 Taking unsafe position/posture Improper use of tools or equipment Unexpected movement
 Failure to use protective equipment Bodily Motion (reaching, twisting, running, bending)
 Contact with objects or equipment (Struck By, Struck Against, Caught-on, Caught between, Puncture, Cut)

What were the additional **CONTRIBUTING FACTORS** that caused the incident (see next page for contributing factors)?

CORRECTIVE ACTIONS (see next page for corrective actions)	Responsible Person (RP)	By When?	RP Notified (Yes / No)	Status (Open / Closed)

Supervisor's Name (printed): Signature: Date of Report: / /

Manager's Name (printed): Signature: Date Reviewed: / /

The Supervisor will obtain the Manager's signature and forward signed copies of the Employee Incident Report, Witness Statements and the Supervisor's Incident Investigation Report to the EHS office. The EHS office will evaluate all reports, process claim information, verify corrective actions and analyze incident causes.



Select from the below options the applicable causes, contributing factors and corrective actions.

CAUSE OF INCIDENT	CONTRIBUTING FACTORS	CORRECTIVE ACTIONS
<input type="checkbox"/> Unauthorized operation of tools/equipment	<input type="checkbox"/> Lack of job knowledge	<input type="checkbox"/> Improve enforcement
<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Lack of job skill	<input type="checkbox"/> Improve storage/arrangement
<input type="checkbox"/> Operating tools/equipment at unsafe speeds	<input type="checkbox"/> Lack of hazard awareness	<input type="checkbox"/> Identify/improve PPE
<input type="checkbox"/> Fail to warn or signal	<input type="checkbox"/> Physical or mental incapacities	<input type="checkbox"/> Use other materials/supplies
<input type="checkbox"/> Defeating safety device	<input type="checkbox"/> Conflicting motivations: Save time and effort	<input type="checkbox"/> Improve ventilation
<input type="checkbox"/> Using defective/unsafe equipment	<input type="checkbox"/> Conflicting motivations: Avoiding discomfort	<input type="checkbox"/> Improve housekeeping
<input type="checkbox"/> Servicing energized equipment	<input type="checkbox"/> Conflicting motivations: Attracting attention	<input type="checkbox"/> Install/revise guards/devices
<input type="checkbox"/> Not observing lockout/tagout procedures	<input type="checkbox"/> Conflicting motivations: Asserting independence	<input type="checkbox"/> Improve lighting
<input type="checkbox"/> Riding hazardous equipment	<input type="checkbox"/> Conflicting motivations: Seeking group approval	<input type="checkbox"/> Improve design/construction
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Conflicting motivations: Expressing resentment	<input type="checkbox"/> Repair/replace equipment
<input type="checkbox"/> Failure to follow operating procedures	<input type="checkbox"/> Inadequate hiring standards	<input type="checkbox"/> Eliminate congestion
<input type="checkbox"/> Under influence of drugs/alcohol	<input type="checkbox"/> Inadequate placement standards	<input type="checkbox"/> Improve/change work method
<input type="checkbox"/> Inadequate safety devices/guarding	<input type="checkbox"/> Inadequate implementation of safe procedures	<input type="checkbox"/> Training/retraining of employees
<input type="checkbox"/> PPE unavailable, dirty, or broken	<input type="checkbox"/> Inadequate activity training	<input type="checkbox"/> Training/retraining of supervisors
<input type="checkbox"/> Inadequate warnings	<input type="checkbox"/> Inadequate enforcement of safety standards	<input type="checkbox"/> Mandatory pre-job instructions/checklists
<input type="checkbox"/> Fire or explosion hazards	<input type="checkbox"/> Inadequate reward for good safety	<input type="checkbox"/> Procedure analysis to be completed
<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Inadequate supervisor training	<input type="checkbox"/> Task analysis to be completed
<input type="checkbox"/> Unsafe/defective equipment	<input type="checkbox"/> Attitude and actions of others: Production employees	<input type="checkbox"/> Ergonomic analysis to be completed
<input type="checkbox"/> Congestion/clearances	<input type="checkbox"/> Attitude and actions of others: Maintenance employees	<input type="checkbox"/> Rotation of employee(s)
<input type="checkbox"/> Hazardous arrangement of tools, equipment, work environment	<input type="checkbox"/> Attitude and actions of others: Outside contractors	<input type="checkbox"/> Job reassignment of employee(s)
<input type="checkbox"/> Poor ergonomic arrangement of tools, equipment, work environment	<input type="checkbox"/> Engineering	<input type="checkbox"/> Corrective counseling
<input type="checkbox"/> Unsafe atmosphere/ventilation	<input type="checkbox"/> Purchasing practices	
<input type="checkbox"/> Unsafe illumination	<input type="checkbox"/> Normal wear and tear	
<input type="checkbox"/> Unsafe storage	<input type="checkbox"/> Abnormal wear and tear	
<input type="checkbox"/> Unsafe clothing	<input type="checkbox"/> Lack of preventive maintenance	
<input type="checkbox"/> Uneven surface	<input type="checkbox"/> Tolerance of man-made unsafe conditions	
<input type="checkbox"/> Elevated work	<input type="checkbox"/> Failure to design safety into facility	
<input type="checkbox"/> Contact with people, animals, insects	<input type="checkbox"/> Inadequate safety inspections	
<input type="checkbox"/> Other:	<input type="checkbox"/> Inadequate preventative maintenance	
	<input type="checkbox"/> Inadequate safety standards for purchasing	
	<input type="checkbox"/> Inadequate unsafe condition reporting	
	<input type="checkbox"/> Inadequate supervision of contractors	