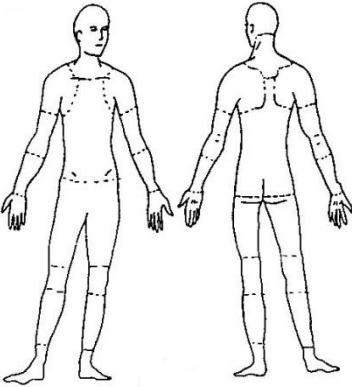


HUNTINGDON BOROUGH

Supervisor Accident/Incident Investigation Report – Page 1 of 3

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time/Restricted <input type="checkbox"/> Medical Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of incident:		Name(s) of Investigation Team Members:	
Date of Investigation:			
Step 1: Injured employee (complete this part for each injured employee)			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:		Job title:	Supervisor:
Part of body affected:		Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
 <p>(shade all areas that apply)</p>			Months with this employer:
			Months doing this job:
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider's Name:	Address/Phone:
Describe treatment and any restrictions:			
Step 2: Describe the incident			
Exact location of the incident:			Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			

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Supervisor Accident/Incident Investigation Report – Page 2 of 3

Step 3a: Direct Cause(s)	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Step 3b: Contributing Factors	
Work Environment: <input type="checkbox"/> Inclement/severe weather <input type="checkbox"/> Uncontrolled work location <input type="checkbox"/> Compromised/hazardous work area <input type="checkbox"/> Workplace inspections not conducted <input type="checkbox"/> Workplace inspection program not complete/accurate <input type="checkbox"/> Corrective action process not developed/implemented <input type="checkbox"/> Corrective action process not effective/supported <input type="checkbox"/> Other (list): _____	Procedures: <input type="checkbox"/> Job Safety Analysis/job observation not conducted <input type="checkbox"/> JSA/observations incomplete/inaccurate <input type="checkbox"/> Work procedure not developed <input type="checkbox"/> Work procedure is incorrect/incomplete <input type="checkbox"/> Safety program not developed/complete <input type="checkbox"/> Safety program not fully implemented <input type="checkbox"/> Hiring/job assignment procedures inadequate/not followed <input type="checkbox"/> Other (list): _____
Equipment: <input type="checkbox"/> Proper equipment was not available <input type="checkbox"/> Proper equipment was not used <input type="checkbox"/> Equipment was damaged or incomplete <input type="checkbox"/> Equipment was incorrectly sized for application <input type="checkbox"/> Guards were removed/not provided for equipment <input type="checkbox"/> Other (list): _____	Training: <input type="checkbox"/> Policy/procedure training was not provided/accurate <input type="checkbox"/> Employees were not properly trained on equipment <input type="checkbox"/> Employees were not trained on safety expectations <input type="checkbox"/> Training was not offered recently/frequently <input type="checkbox"/> Supervisors have not been trained on “Supervision” <input type="checkbox"/> Other (list): _____
Supervision: <input type="checkbox"/> Employee is under supervised or not supervised <input type="checkbox"/> Safety has not been consistently implemented <input type="checkbox"/> Supervisors do not have adequate/proper authority <input type="checkbox"/> Other (list): _____	Cultural: <input type="checkbox"/> Safety is not supported/encouraged by management <input type="checkbox"/> Safety is not included on job performance metrics <input type="checkbox"/> Funding for safety inadequate <input type="checkbox"/> Other (list): _____
For Each box checked above, list the reasons why those causes or contributing factors existed. Continue on back.	
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when (approx.) and to whom	
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when (approx.)	

