

MANAGEMENT INCIDENT INVESTIGATION REPORT

The purpose of the report is to help prevent similar incidents from recurring. Make this report as accurate and thorough as possible and attach any supporting documentation. Remember, always follow-up with the appropriate corrective action(s). Staff from Human Resource is always available to meet with you if you have any questions.

Describe incident:

Date incident occurred: _____ Time: _____ AM/PM

Where did incident occur? _____

Was anyone injured: Yes No

If you answered yes, then please complete:

Name of injured person(s): _____

Describe injury: _____

Injury required more than first aid treatment: Yes No

Did injured party receive medical care? Yes No Date of care: _____

If yes, were workers' compensation form(s) completed and returned to Human Resource: Yes No

Witness : _____

(If there were witnesses, please attach a report with their description of the occurrence)

How did the incident occur? (What was the employee doing?)

What unsafe act(s) contributed to the incident?

What unsafe conditions(s) contributed to the incident?

(over)

Is the employee at fault? Yes No

Was the cost to repair damage over \$100.00? Yes No If yes, what was the amount? _____

What do you recommend be done to prevent this type of incident from recurring?

Corrective action(s) taken and date:

Investigation conducted by: _____
(Supervisor)

Date: _____

Report reviewed by: _____
(Division Manager)

Date: _____