PUTNAM COUNTY
SUPERVISOR'S INCIDENT INVESTIGATIVE REPORT

This form is to be completed by the immediate **supervisor** of the involved employee. Investigate each incident immediately after it occurs. Get **"all of the facts"** by studying the job and conditions where the incident occurred. Use additional sheets if necessary. Complete this report and forward it to Human Resources no later than the next working day following the incident. Attach the employee's Notice of Injury and/or Traffic Accident Report (if applicable). Keep a copy of the form in your department's file.

Employee's Name_____ Department_____

Day, Date and Time of Incident_____ ___:____AM/PM Time Workday Began ___:____AM/PM

Indicate how many years, months or days of service: County_____ Department_____ Job_____

Description of Incident: _____

_____

_____

_____

_____

_____

_____

_____

Type of shoes, if slip/trip/fall: _____

Description of Injury: _____

_____

_____

Description of Damage: _____

_____

_____

Estimated Amount of Damage: _____

Drug Screen Required? ☐ yes ☐ no Drug Screen Performed? ☐ yes ☐ no

Witnesses - Indicate whether employee or non-employee and include phone number, department and address (if non-employee).

_____ _____

_____ _____

_____ _____

The following questions should be objectively answered yes, no, n/a (not applicable) or unk (unknown) with the goal of determining what caused the incident based on facts derived from your investigation. Please explain your responses in the comment section below.

1. Did you know that the employee was doing this job? yes ☐ no ☐
2. Should the employee have been doing this work? yes ☐ no ☐
3. Was the employee trained to do this job? yes ☐ no ☐
4. Was the training adequate? yes ☐ no ☐
   If no, explain _____
5. Was the employee doing the job correctly when injured? yes ☐ no ☐
6. Has the employee previously done this job incorrectly? yes ☐ no ☐
   a. If yes, was employee corrected or retrained? yes ☐ no ☐
      (Attach applicable documentation)
7. Check the control factors that contributed to this incident.

Equipment		Material		People	
Selection	☐	Selection	☐	Selection	☐
Arrangement	☐	Placement	☐	Placement	☐
Use of	☐	Handling	☐	Training	☐
Maintenance	☐	Procedure	☐	Leadership	☐

8. Did any of the following contribute to this incident?
   a. Obstacles ☐ e. Inadequate equipment ☐
   b. Incompatible procedures ☐ f. Inadequate personnel ☐
   c. Conflicting orders ☐ g. Insufficient time ☐
   d. Weather ☐ h. other ☐ _____
9. Was personal protective equipment needed for this job? yes ☐ no ☐
   If so, what? _____
   Was it used? yes ☐ no ☐
10. Do any of the following apply to this employee or his/her job?
    Did the employee appear to be under any stress? yes ☐ no ☐
    Have you observed any morale problem? yes ☐ no ☐
    Have there been any recent arguments or confrontations with co-workers? yes ☐ no ☐
    with supervisor? yes ☐ no ☐
    with others? yes ☐ no ☐
    Do you suspect drug or alcohol use contributed to this event? yes ☐ no ☐
    Has there been turn over in this position? yes ☐ no ☐
    Have there been recent incidences of absenteeism? yes ☐ no ☐
    Have there been recent incidences of tardiness? yes ☐ no ☐
    Have there been similar injuries while doing this job? yes ☐ no ☐

Please state any other contributing factors and/or other comments below and describe **corrective action** you have taken to prevent this incident from occurring again.

_____

_____

Supervisor's Signature	Title	Date	Ext.
Department Head's Signature	Title	Date	Ext.