

Supervisor Incident Investigation Report

Instructions: This report must be completed by the supervisor immediately following any workplace incident, injury, or near-miss.

1. Incident Overview

Date of Incident: MM/DD/YYYY	Time of Incident: HH:MM AM/PM
Location / Department: Specific location	Date Report Completed: MM/DD/YYYY
Supervisor Name: Full Name	

2. Employee(s) Involved

Employee Name: Full Name	Job Title / Occupation: Job Title
Department: Department Name	Employment Status (Full-time, Part-time, Temp): Status

3. Incident Description & Severity

Describe what the employee was doing immediately before the incident occurred: Describe actions, tools, and environment...
Describe the incident in detail (How did it happen? What went wrong?): Describe sequence of events...
Nature of injury or illness (e.g., cut, sprain, burn, fracture, none): Describe the injury
Affected body part(s) (e.g., left hand, lower back, right eye): Identify body parts
Equipment, machinery, or tools involved (if applicable): List equipment
Names and contact info of witnesses (if any): Name, Phone, Email

4. Root Cause Analysis

Unsafe Acts (e.g., bypass safety guards, improper tool use, rushing): Identify unsafe actions
Unsafe Conditions (e.g., wet floor, poor lighting, mechanical failure): Identify hazardous conditions
Contributing Factors (e.g., lack of training, fatigue, inadequate communication): Identify other factors

5. Corrective & Preventative Actions

Detail the immediate actions taken and the long-term actions planned to prevent recurrence.

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Corrective Action Description	Responsible Person	Target Date
Action 1	Name	MM/DD/YYYY
Action 2	Name	MM/DD/YYYY
Action 3	Name	MM/DD/YYYY

6. Signatures and Approvals

Supervisor Printed Name: <input type="text"/>	Date Signed: <input type="text" value="MM/DD/YYYY"/>
Supervisor Signature (Print form to sign): _____	
Safety Officer/Manager Printed Name: <input type="text"/>	Date Signed: <input type="text" value="MM/DD/YYYY"/>
Safety Officer/Manager Signature (Print form to sign): _____	