



INCIDENT INVESTIGATION REPORT

PART 1 (To be completed by injured employee)				DEPARTMENT				
First Name		M.I.	Last Name		Title		D.O.B.	SS#
Home Address				City		State	Zip	
Home Phone		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status		Original Date of Hire		
Date and Time of Incident				On Employer's Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employee's Description of Incident (Give complete details explaining what happened):								
Description of Injury (Give details including part(s) of body injured):								
Did anyone witness the incident? Yes <input type="checkbox"/> No <input type="checkbox"/>			Witnesses:					
Employee's Signature				Date and Time Report Completed:		A.M. P.M.		
PART 2 SUPERVISOR'S REPORT OF INCIDENT								
Supervisor's Name and Title:								
Was incident immediately reported? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, when and how did you learn of the incident)								
Was the employee working <input type="checkbox"/> Alone <input type="checkbox"/> With fellow worker? Explain:								
Was employee at work and on City time? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:								
Did you physically inspect the area where injury occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:								
Any unsafe conditions or unusual hazards present? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:								
Evidence of intoxication? <input type="checkbox"/> Yes <input type="checkbox"/> No Evidence of drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:								
Was immediate medical attention necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where:								
Is employee at work now? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, give date and time employee ceased working:								
Are you satisfied the incident/injury occurred as described above? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:								

Prepared By: _____

Date: _____