



25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

SUPERVISOR'S INVESTIGATIVE REPORT

This is a follow-up report used to identify and correct conditions or practices which have led to an employee work related incident

EMPLOYER'S NAME: _____

I. GENERAL INFORMATION

Employee Name	Date of Incident	Time of Incident
Date Supervisor was notified _____ Was report delayed? Yes ___ No ___ If so, why?		

II. WHERE?

Describe the exact location where the accident occurred

III. INTERVIEW (if there is/are witness(es), complete **Witness Statement** form and attach to report)

First Person Notified:	Date & Time Notified:
First Witness Name	Date & Time of Interview
Second Witness Name	Date & Time of Interview

IV. WHAT WERE THEY DOING?

Was employee performing their regular job at the time of the accident? Yes ___ No ___

What was the employee doing, were there tools and machinery involved, were other employees also involved with the task?

V. WHY?

What were the contributing factors related to this accident? (See reverse side for a partial list of important factors to consider)

VI. WHAT ACTION WAS TAKEN TO PREVENT RECURRENCE?

What physical equipment change(s) or repair(s) was/were made? (e.g., lifting devices, machine guards, wet floor signs etc.)

What new procedural changes were made? (e.g., daily inspection of machine guards, updated care plan, preventative maintenance)

What re-training was completed to employee and/or department to prevent recurrence? (See **Employee Retraining Certification**)

What personal protective equipment changes were made? (e.g., full face shield vs. safety glasses, latex gloves, steel-toed shoes)

OTHER:

VII. SIGNATURE

Name	Signature of Supervisor	Date	Date Reviewed by Safety Committee
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IMPORTANT

If you suspect the equipment or machinery was a probable cause of the incident, do NOT operate, fix, or replace it without first contacting the Atlantic Charter Claims Department at (617) 488-6500.

Manual Material Handling

- Excessive Weight?
- Large size or unusual shape?
- High push/pull requirements?
- Significant lifting force? (boxes stuck together)
- Thoroughness of job training?
- High task frequency?
- Forklift, hoist, lift device involved?

Repetitive Motion

- Awkward wrist posture?
- Excessive reach?
- High frequency of task?
- Excessive force?
- Temperature considerations?
- Excessive Vibration?
- Improper size and weight of object?

Slips, Trips, and Falls

- Slippery floor? (e.g., grease, water)
- Condition of floor?
- Adequacy of floor drains?
- Torn or loose carpeting?
- Appropriateness of footwear?
- Correct type and use of ladder?
- Adequacy of hand rails/steps?

Machine Injury

- Guarding adequacy?
- Guard removed?
- Lockout procedure followed?
- Maintenance issue?
- Adequacy of job training? (Consider language barriers)
- Adequacy of safety interlocks?

Eye Injury

- Eye protection being worn?
- Shields present on machines?
- Proper eye protection for the environment?

Burn

- Gloves being worn?
- Adequacy of job training?
- Task design appropriate?
- Sufficient maintenance?
- Defective material?

Hand Tool Related Injury

- Correct tool for the job?
- Defective tool?
- Sufficient guards?
- Sufficient maintenance?
- Adequacy of training? (Consider language barriers)
- Adequacy of work method?

Vehicle Accidents

- Vehicle equipment problem?
- Seatbelts being worn?
- Sufficient mirrors / adjustment issue?
- Hit by another vehicle?
- Moving violation?

Struck By / Struck Against

- Adequacy of overhead storage?
- Toe boards on scaffolds/mezzanines?
- Blind warehouse intersection?
- Sufficient aisle width?
- Work area arrangement problem?
- Task design problem?

Occupational Disease

- Adequacy of personal protective equipment?
- Adequacy of training? (Consider language barriers)
- Sufficient ventilation?
- Noise issue?

Electrical Shock

- Lockout procedure problem?
- Equipment problem?
- Maintenance problem?
- Warnings/signs adequate?

Patient (Resident) Handling

- Room layout (arrangement of furniture, doorways, etc.)?
- Bed height – not optimum?
- Availability of lift equipment?
- Not waiting for help?
- Unexpected resident/patient movement during ambulation?

Bloodborne Pathogens Exposure

- Use of "safe" needle device?
- Re-capping needles?
- Gloves or other PPE?
- Improper needle/sharp disposal?
- Overfilling sharps container?