

SUPERVISOR'S INITIAL INVESTIGATION REPORT

Involved Employee Information			
Name:		Badge:	
Job Title:		Organization:	
Incident Information			
Date of Incident:		Time of Incident:	
Date Reported:		Time Reported:	
What was the task being performed?			
Were the hazards discussed in a pre-job briefing?			
What were the conditions of the work area?			
Describe the incident. Include a detailed description of all activities performed including activities that lead up to the time of the incident, and factors that may have contributed to the injury.			
How do you feel this incident could have been prevented? Recommended Corrective Actions?			
Signature:			Date:

EMPLOYEE INCIDENT REPORT

Employee Information

Name:		Badge:	
Job Title:		Organization:	
Shift:		Supervisor:	

Incident Information

Date of Incident:		Time of Incident:	
Date Reported:		Time Reported:	

What was the task being performed?

Were the hazards discussed in a pre-job briefing?

What were the conditions of the work area?

Describe the incident. Include a detailed description of all activities performed including activities that lead up to the time of the incident, and factors that may have contributed to the injury.

How do you feel this incident could have been prevented? Recommended Corrective Actions?

Signature:

Date:

WITNESS STATEMENT

Witness Employee Information

Name:		Badge:	
Job Title:		Organization:	
Shift:		Supervisor:	

Incident Information

Date of Incident:		Time of Incident:	
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Date Reported:		Time Reported:	
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What was the task being performed?	
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What were the conditions of the work area?	
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Describe the incident. Include a detailed description of all activities performed including activities that lead up to the time of the incident, and factors that may have contributed to the injury.

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How do you feel this incident could have been prevented?	
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Signature:		Date:	
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OS&H INCIDENT INVESTIGATION

to be completed by Contractor Personnel

Investigation Team Members			
OS&H Representative:			
Project Supervisor:			
Union Safety Rep:			
Mngr:			
Other:			
Incident Overview			
Date of Incident:		Task order/contract #:	
Time of Incident:		JHA #:	
Specific Location of Incident:			
Type of Incident:	<input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near Miss <input type="checkbox"/> Vehicle Incident/Other		
Brief Description of Incident:			
Who was directly involved?			
Who was the Supervisor?			
Who witnessed the incident?			
Who accompanied the worker to Medical?			
Immediate Action Taken:			
Initial Incident Investigation Results			
Problem Report #:			
Contributing Factors and Basic Causes:)			
Recommended Corrective Actions:			

INCIDENT INVESTIGATION

Notes/sketch of the incident scene (mark N/A if not applicable)

OS&H Name: <i>(print)</i>		Signature:		Date:	
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