

Incident/Accident Investigation Plan - Form 1: Supervisor Investigation Report

OR-OSHA requires an investigation be done by the supervisor within **24 hours** for all PCC employees and those students who are included as employees under clinical affiliate apprenticeships, cooperative education or professional crafts who are working on or off campus. This is also to include all student employees.

Complete the following:

Injured/Illness Person's Name: _____ G # _____

Position Title: _____ Date of Injury: _____

Home Location: _____ Hire Date: _____ Age: _____

Department: _____ Campus: _____ Report Date: _____

Hour: _____ am/pm Location Where Injury Occurred: _____

Witnesses (1) _____ (2) _____

Injury (Circle ALL that apply):

Face or head	Mouth or nose	Eyes or ear	Toes or foot	Ankle or shin	Knee or leg	
Leg or hip	Groin or pelvis	Fingers or wrist	Arm or elbow	Upper arm	Shoulder or	
neck	Abdomen	Back	Chest	Lungs	Heart	Respiratory
CNS	Abrasion	Laceration	Puncture/needle	Contusion	Rash	
First aid	Foreign body	Bite/sting	Burn – 1 st /2 nd /3 rd	Sprain	Strain	
Fracture	Loss of Consciousness	Hearing loss	Frostbite	Amputation	Other (list below)	

Remarks: _____

Incident/Illness/Near miss: describe Incident/illness/near miss. Include all details, machine, object or substance involved, etc.

CAUSE:

Unsafe Acts:

- () operating without authority
- () operating at unsafe speed
- () using unsafe equipment or equipment unsafely
- () making safety devices inoperative
- () unsafe loading, placing or mixing
- () taking unsafe position
- () working on moving or dangerous equipment
- () distraction, teasing, horseplay
- () failure to use personal protective devices
- () other: _____

Unsafe Conditions:

- () inadequately guarded
- () defective equipment, tools or substance
- () hazardous arrangement
- () improper illumination
- () improper ventilation
- () unsafe clothing
- () unguarded
- () unsafe design
- () unsafe construction
- () other: _____

Why was an unsafe act committed? _____

Why did an unsafe condition exist? _____

What have you done to prevent this incident from occurring again? _____

Are there any contributing factors other than job related? _____

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Guides to Corrective Action

(To be completed by Supervisor, Department Manager, or Dean)

Based on the CAUSE checked above, indicate below the action being taken:

- | Unsafe Act: | Unsafe Condition: | If supervisor can't handle recommend to: |
|---|------------------------------------|---|
| <input type="checkbox"/> stop the worker | <input type="checkbox"/> remove | <input type="checkbox"/> own supervisor |
| <input type="checkbox"/> study the job | <input type="checkbox"/> guard | <input type="checkbox"/> other supervisor |
| <input type="checkbox"/> instruct (tell-show-try-check) | <input type="checkbox"/> warn | <input type="checkbox"/> maintenance department |
| <input type="checkbox"/> follow-up | <input type="checkbox"/> follow-up | <input type="checkbox"/> Risk Services |

Other: _____

Remarks: _____

What are you actually doing to prevent similar incidents / illnesses / near misses? _____

What follow-up do you plan? _____

What further recommendations are needed? _____

SIGNATURES: (Print/Sign)

Immediate Supervisor: _____ Date: _____

Employee: _____ Date: _____

EH&S Manager: _____ Date: _____

Campus Safety Committee Review

Recommendations: Yes _____ No _____

Explanation: _____

Print/Sign: _____
College Official *Date*

Return this form to: Environmental Health & Safety, SY CSB 314