

# Supervisor Accident/Incident Investigation Report



Snohomish County

Department/Division \_\_\_\_\_

Claim No. (if applicable) \_\_\_\_\_

Law Enforcement Case No. \_\_\_\_\_

**Risk Management • Safety Office • 3000 Rockefeller Ave. M/S 610 • Everett WA 98201-4046 • (425-388-3549)**

Check all that apply:     accident     incident     unsafe act     unsafe condition     near miss

<b>Employee</b>	Last Name _____ Assigned Work Location Address _____ Today's date _____	First Name _____ City _____ Job Title (at time of accident/incident) _____	Middle Initial _____ State _____ Work # _____	Zip _____ AM _____ PM _____ Start Time of Shift _____	Regular Temporary Volunteer Overtime Trustee Work Release
<b>Accident/Incident</b>	Date of Accident/Incident _____ AM _____ PM _____ Time _____ Place of Accident/Incident _____ Name of Witnesses _____ Describe how the accident or incident occurred. <b>GIVE FULL DETAILS.</b> Include what activity or events preceded injury/incident				
<b>Injury</b>	<b>Part of Body</b> _____ (e.g. Head, Back, Hand, etc)	<b>Type of Injury</b> _____ (e.g. strain/sprain, cut, abrasion, etc. )	<b>Severity of Injury</b> <input type="checkbox"/> Incident- no medical treatment at this time <input type="checkbox"/> Treat and Return to work <input type="checkbox"/> Restricted Work Activity <input type="checkbox"/> Lost Work Days		
<b>Other</b>	<b>Check one or more:</b> Equipment Damage    Equipment # _____ Vehicle Damage        Vehicle # _____ Property Damage Other: Specify _____		<b>Employee was working :</b> Alone With crew or fellow worker Other: Specify _____		<b>Supervision at the time of the accident/incident</b> Directly supervised Not supervised Indirectly supervised _____ Name of leadworker or Crew Chief if applicable
<b>Evaluation</b>	<b>Cause of Accident or Incident-</b> (include actions, events, or conditions which contributed to this):  <b>Corrective Action-</b> What corrective action or recommendations were taken to prevent a recurrence (e.g. training, personal protective equipment, use of proper tools, ergonomic evaluation/equipment, review safety procedures, etc. ):				
<b>Sign</b>	_____ Employee	_____ Supervisor	_____ Manager/Director	_____ Safety Officer	