

PRINCE GEORGE'S COUNTY

SUPERVISOR'S INCIDENT INVESTIGATION & REPORT FOR PERSONAL INJURY

EMPLOYEE _____ SOCIAL SECURITY NO. _____
 OCCUPATION _____ EMPLOYMENT (IN YEARS) _____ AGE _____
 ORGANIZATION _____ SUB-ACTIVITY _____ FUNCTIONAL AREA _____
 DATE OF ACCIDENT _____ TIME _____ POLICE ONLY: ON DUTY OFF DUTY

LOCATION OF ACCIDENT _____

INCIDENT DESCRIPTION _____

INJURY DESCRIPTION _____

WHY DID THIS INCIDENT OCCUR? _____

HAZARD PRESENT (SPECIFY) _____

CONTRIBUTING FACTORS _____

WERE ESTABLISHED SAFETY STANDARDS FOR THIS TASK ENFORCED BY THE SUPERVISOR?
 USED? YES NO EXPLAIN: _____

IDENTIFY THREE EDUCATIONAL/CORRECTIVE ACTIONS THAT YOU WILL TAKE WITH YOUR CREW WITHIN 10 DAYS TO PREVENT THIS TYPE OF INCIDENT IN THE FUTURE?

1. _____
2. _____
3. _____

CORRECTIVE ACTION TAKEN? - DATE _____

PERSONAL PROTECTIVE EQUIPMENT REQUIRED (SPECIFY TYPE) _____

USED? YES NO

MEDICAL TREATMENT (WHERE?) _____

DID INJURY RESULT IN EMPLOYEE'S DISABILITY? _____

HAS EMPLOYEE RETURNED TO WORK? (IF YES, DATE & TIME) _____

DATE & TIME INCIDENT REPORTED BY EMPLOYEE _____

DATE OF INVESTIGATION _____

SIGNED (SUPERVISOR OR INVESTIGATOR) _____

SUB-ACTIVITY REVIEW AND APPRAISAL

1. IN YOUR OPINION, WHAT WAS THE IMMEDIATE CAUSE OF THIS ACCIDENT?

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING FACTORS? _____

3. WHAT ARE YOUR RECOMMENDATIONS? _____

4. HAVE THEY BEEN IMPLEMENTED? YES NO
IF 'NO' EXPLAIN: _____

SIGNED _____ DATE _____
(Sub-Activity Reviewing Authority)

ORGANIZATION REVIEW AND ASSIGNMENT OF CODES

- 1. ORGANIZATION/SUB-ACTIVITY/FUNCTIONAL AREA _____
- 2. AGE _____
- 3. OCCUPATION _____
- 4. EXPERIENCE _____
- 5. TYPE OF ACCIDENT _____
- 6. CLASS OF INJURY _____
- 7. NATURE OF INJURY _____
- 8. PART OF BODY _____
- 9. SOURCE OF INJURY _____
- 10. HAZARD _____
- 11. UNSAFE ACT _____
- 12. CONTRIBUTING FACTOR _____
- 13. ESTIMATED TIME LOST _____
- 14. ACCIDENT LOCATION (POLICE AND FIRE) _____
- 15. PERSONAL PROTECTIVE EQUIPMENT (PUBLIC WORKS) _____

SIGNED _____ DATE _____
(Organization Review Authority)

FOR SAFETY OFFICE USE ONLY

CASE NUMBER _____ MOSHA LOG ENTRY? _____ YES _____ NO _____
OCCUPATIONAL INJURY _____ OCCUPATIONAL ILLNES _____