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Supervisor Accident/Injury/Incident Investigative Report

Department:

Employee Name:

Department Location:

Job Title:

Causes of Accident/Injury: Section 1

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Environmental

Work Conditions

Personal Factors

Cold	Inadequate Workspace	Unsafe Act
Noise	Uneven/Wet Walking Surface	Lack of Knowledge/Skill
Smoke/Fumes	Inadequate Protection Equipment	Improper Motivation
Dust	Inadequate Lighting	Inadequate Planning
Other	Inadequate Ventilation	Fatigue/Stress
	Other	Deviation from Procedure
		Violation of Safety Rule
		Other

Causes of Accident/Injury: Section 2

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Job Factors

Management Issues

Poor Work Area Setup/Design	Insufficient Planning
Improper or Inadequate Equipment/Tools	Budgetary Constraints
Lack of Procedures/Safety Rules	Insufficient Training
Maintenance Issues	Safety Issue Not Prioritized/Emphasized
Inadequate Safety Inspections	Insufficient Enforcement of Safety Rules
Inadequate Resources	Understaffed

Causes of Accident/Injury: Section 3 (Complete only for slips, trips, and falls required)

Ž Please include a photograph of the specific location and anything that may have caused the slip, trip, or fall.

Was there a specific hazard that may have caused the injury/accident? Yes No

If yes, explain:

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Corrective Action Plan (Include immediate, short term, and long term plan)

Immediate Action

Assigned To:

DateCompleted:

Short Term Plan

Assigned To:

DateCompleted:

Long Term Plan

Assigned To:

DateCompleted:

Printed Name

Signature:

Date:

The corrective action plan should be directed toward preventing future accidents that are similar in nature by the employee above or by other employees that share related duties.

Please submit form to Workers Compensation Department via fax at (775) 784-4363 or via e-mail at BCNRisk@unr.edu