

Portland Community College
Supervisor's Incident 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.

Department: _____ **Campus:** _____ **Report Date:** _____

Injured/Illness Person's Name: _____

Position Title: _____ **Date of Injury:** _____

Hour: _____ **a.m./p.m.** **Exact Location:** _____

Witnesses (1) _____ **(2)** _____

Injury (Circle):

face or head	eyes	toes or foot	internal	skin	gas
hands or fingers	body	amputation	wounds	lungs	death
strain or sprain	arms	foreign body	fracture	Burns	
doctor's care	legs	first aid	Hernia	Lost time	

Remarks: _____

Accident/Illness: describe accident/illness. Include all details, machine, objects, 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 unsafe act committed? _____

Why did unsafe condition exist? _____

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

Are there any contributing factors other than job related? _____

Guides to Corrective Action

(To be completed by Supervisor)

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

Unsafe Act:

- stop the worker
- study the job
- instruct (tell-show-try-check)
- follow-up

Unsafe Condition:

- remove
- guard
- warn
- follow-up

If supervisor can't handle recommend to:

- own supervisor
- other supervisor
- Facilities Management Services
- Risk Management

Other: _____

Remarks: _____

What are you actually doing to prevent similar accidents/illnesses? _____

What follow-up do you plan? _____

What further recommendations? _____

SIGNATURES:

Immediate Supervisor: _____ Date: _____

Employee: _____ Date: _____

Risk Manager: _____ Date: _____

Campus Safety Committee Review

Recommendations: Yes: _____ No: _____

Explanation: _____

Signature: _____ Date: _____
College Official

Return this form to: Safety & Risk Services, Attn: Nickie Blasdell, WCC 101-I