

## 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: \_\_\_\_\_

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**Campus Safety Committee Review**

**Recommendations: Yes: \_\_\_\_\_ No: \_\_\_\_\_**

Explanation: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*College Official*

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