

Accident/Incident Investigation Plan - Form 1: Supervisor 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.

Complete the following:

Injured/Illness Person's Name: G # _____
Position Title: _____ **Date of Injury:** _____
Home Location: _____ **Hire Date:** _____ **Age:** _____
Department: _____ **Campus:** _____ **Report Date:** __
Hour: ____ am/pm **Location of Injury Occurred:** _____
Witnesses (1) _____ **(2)** _____

Injury (Circle ALL that apply):

- | | | | | | |
|--------------|-----------------------|------------------|--|---------------|--------------------|
| Face or head | Mouth or nose | Eyes or ear | Toes or foot | Ankle or shin | Knee or leg |
| Leg or hip | Groin or pelvis | Fingers or wrist | Arm or elbow | Upper arm | Shoulder or |
| neck | Abdomen | Back | Chest | Lungs | Heart |
| CNS | Abrasion | Laceration | Puncture/needle | Contusion | Rash |
| First aid | Foreign body | Bite/sting | Burn – 1 st /2 nd /3 rd | Sprain | Strain |
| Fracture | Loss of Consciousness | Hearing loss | Frostbite | Amputation | Other (list below) |

Remarks: _____

Accident/Illness: describe accident/illness. Include all details, machine, object or 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? _____

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Guides to Corrective Action

(To be completed by Supervisor)

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

| Unsafe Act: | Unsafe Condition: | If supervisor can't handle recommend to: |
|---|------------------------------------|---|
| <input type="checkbox"/> stop the worker | <input type="checkbox"/> remove | <input type="checkbox"/> own supervisor |
| <input type="checkbox"/> study the job | <input type="checkbox"/> guard | <input type="checkbox"/> other supervisor |
| <input type="checkbox"/> instruct (tell-show-try-check) | <input type="checkbox"/> warn | <input type="checkbox"/> maintenance department |
| <input type="checkbox"/> follow-up | <input type="checkbox"/> follow-up | <input type="checkbox"/> Risk Services |

Other: _____

Remarks: _____

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

What follow-up do you plan? _____

What further recommendations? _____

SIGNATURES: (Print/Sign)

Immediate Supervisor: _____ Date: _____

Employee: _____ Date: _____

EH&S Manager: _____ Date: _____

Campus Safety Committee Review

Recommendations: Yes _____ No _____

Explanation: _____

Print/Sign: _____

College Official

Date

Return this form to: Environmental Health & Safety, SY CSB 314