

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. This is also to include all student employees.

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 Where 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: _____

Injury/Illness/Near-Miss: describe injury/illness/near-miss. 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 an unsafe act committed? _____

Why did an unsafe condition exist? _____

What have you done to prevent recurrences from happening again? _____

Are there any contributing factors other than job related? _____

Guides to Corrective Action

(To be completed by Supervisor, Department Manager, or Dean)

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 injuries / illnesses / near-misses? _____

What follow-up do you plan? _____

What further recommendations are needed? _____

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