CITY OF CLARKSTON SUPERVISOR'S INCIDENT & INJURY REPORT

EMPLOYEE INFORMATION (employee injured or involved in the incident)

Name		Time Workday Started
# of Hours Worked/Day	# of Days Worked/Week	Normal Scheduled Days Off

INCIDENT INFORMATION

Incident Date	Incident Time	Incident Location	Date & Time Reported to You

Describe Task Employee Was Doing When the Incident Occurred (attach additional pages if needed)

Describe Equipment, Machine or Tool Employee Was Using When Incident Occurred

Names of Witnesses Interviewed (attach interview notes)

INJURY INFORMATION ☐ ← IF NO INJURY, CHECK HERE

	Type of Treatment	Treated by?	Treated Where?
☐	No Treatment		
☐	First Aid		
☐	Doctor's Office		
☐	Emergency Room		
☐	Hospitalization (over 24 hours)		

Drug & Alcohol Testing	Yes	No
Employee Drug Tested?	☐	☐
Employee Alcohol Tested?	☐	☐

PROPERTY DAMAGE/LOSS INFORMATION ☐ ← IF NO DAMAGE, CHECK HERE

Describe Property, Equipment or Material Damaged or Lost

Describe Damage

Motor Vehicle	Yes	No	Make	Model	Year	Tag Number
Motor Vehicle Involved?	☐	☐				
Other Motor Vehicles Involved?	☐	☐				
Police Report Filed?	☐	☐	← If yes, attach a copy of the police report			

NATURE OF ACCIDENT INFORMATION

☐	Motor vehicle accident	☐	Caught in/on/between objects	☐	Contact w/ extreme temp	☐	Disease exposure
☐	Fall to a different level	☐	Fall on the same level	☐	Inhalation/absorption/ingestion	☐	Slip (not a fall)
☐	Strain/overexertion	☐	Struck against an object	☐	Struck by a flying object	☐	Struck by a moving object/person
☐	Other (explain)						

ROOT CAUSE INFORMATION (CHECK ALL THAT APPLY)

Unsafe Acts	Unsafe Conditions	Management Deficiencies
☐ Improper work technique	☐ Poor workspace design or layout	☐ Lack of written procedures or policies
☐ Safety rule violation	☐ Congested work area	☐ Safety rules not enforced
☐ Improper PPE or PPE not used	☐ Hazardous substances	☐ Hazards not identified
☐ Operating without authority	☐ Fire or explosion hazard	☐ PPE not available
☐ By-passing safety devices	☐ Inadequate ventilation	☐ Insufficient worker training
☐ Failure to lockout or tagout	☐ Improper material storage	☐ Insufficient supervisor training
☐ Failure to secure or warn	☐ Proper tool or equipment not available	☐ Improper maintenance
☐ Improper loading or placement	☐ Insufficient knowledge of job	☐ Inadequate job planning
☐ Improper lifting	☐ Slippery conditions	☐ Inadequate workplace inspection
☐ Servicing machinery in motion	☐ Poor housekeeping	☐ Inadequate equipment
☐ Horseplay	☐ Excessive noise	☐ Unrealistic scheduling
☐ Unnecessary haste	☐ Inadequate guards of hazards	Other (explain)
☐ Intoxication/substance abuse/medication	☐ Defective tools or equipment	☐
☐ Improper tool or equipment use	☐ Insufficient lighting	
☐ Unsafe act of others	☐ Inadequate fall protection	
☐ Other (explain)	☐ Weather conditions	
	☐ Other (explain)	

PREVENTIVE ACTIONS

Describe actions to be taken to prevent recurrence	Deadline	Assigned to	Completed

SUPERVISOR'S SIGN-OFF

Supervisor Comments

Supervisor's Name	Supervisor's Signature	Date Report Completed

Department Head Comments

Department Head's Name	Department Head's Signature	Date Report Reviewed