

SUPERVISOR'S INCIDENT INVESTIGATION

EMPLOYEE:	DEPARTMENT	
EMPLOYEE'S JOB TITLE .	MARITAL STATUS	
INJURY DATE:	TIME:AM / PM	
	PE OF INJURY(WHAT WAS EMPLOYEE DOING WHEN NOW DID THE ACIDENT OCCUR?	
BODY PART INJURED:		_
FINGERSHANI	OSWRISTARMEYE(S)HEAD	
FOOTTOE(S)	BACK LEG OTHER	
NATURE OF INJURY:		
BURN OR SCALD	BRUISE/CONTUSIONDISLOCATIONFRACTURE	3
FOREIGN BODY	HERNIASTRAIN/SPRAINRASH/DERMATITIS	
LACERATION/PUNCTUR	REINFLAMMATION/INFECTIONOTHER	
DID EMOLYEE HAVE MEDICA	AL RESTRICTIONS PRIOR TO THIS INJURY?YESNO	0
IF YES, DESCRIBE		
INJURY WITNESED BY:		
WAS EMPLOYEE DOING HIS	HER REGULAR JOBYESNO	
WAS PERSONAL PROTECTIV	E EQUIPMENT REQUIRED FOR THIS JOB?YESN	10
WAS PERSONAL PROTECTIV	E EQUIPMENT UTILIZED?YESNO	
IF NO, WHY		
WHAT EQUIPMENT WAS REC	QUIRED FOR THIS JOB?	
HARD HAT	SAFETY GLASSESSAFETY SHOES/BOOTS	
HAND/ARM PROT	ECTION	
LENGTH OF SERVICE ON TH	IS PARTCULAR JOB:	
CONTRIBUTING FACTORS T	O THIS INCIDENT:	-
ACTION TAKEN TO PREVEN NUMBERS, TRAINING, DISC	T RECURRENCE:(BE SPECIFIC, INCLUDE WORK ORDER CIPLINARY ACTION, WORK PROCEDURE MODIFICATIONS,E	TC)

REPORT COMPLETED BY:
FOREMAN ON THE JOB:
DATE REPORT COMPLETED:DATE SUPERVISOR NOTIFIED
EMPLOYEE WORK SHIFT
IS MODIFIED DUTY WORK AVAILABLE?YESNO
WHERE DID EMPLOYEE SEEK MEDICAL TREATMENT?
DID EMPLOYEE MISS ANY TIME OFF WORKYESNO
DID EMPLOYEE MISS ANY TIME OFF WORKYESNO IF YES, SPECIFY TIME LOST:
IF YES, SPECIFY TIME LOST:
IF YES, SPECIFY TIME LOST:
IF YES, SPECIFY TIME LOST:

NRS 616.675 ANY PERSON WHO WILLFULLY MAKES A FALSE STATEMENT OR REPRESENTATION FOR THE PURPOSE OF OBTAINING ANY BENEFIT OR PAYMENT UNDER PREVIOUS PROVISIONS OF THIS CHAPTER, EITHER FOR HIMSELF OR FOR ANY OTHER PERSON, SHALL BE GUILITY OF A GROSS MISDEMEANOR.