

Richmond County School Board

SUPERVISOR'S INVESTIGATION REPORT  
(ON-THE-JOB INJURY AND VEHICLE ACCIDENTS)

Completion of this form is required for all work related injuries/illness. The supervisor is to conduct a preliminary investigation, then complete this form and submit it to the Workers' Comp Office.

Employee Information

Employee Name \_\_\_\_\_  
Employee's Job Title: \_\_\_\_\_  
Employee's Work Location: \_\_\_\_\_

Injury Information

Date of Injury/Accident: \_\_\_\_\_ Time of Injury/Accident: \_\_\_\_\_ Location of Injury/Accident: \_\_\_\_\_  
Date Reported: \_\_\_\_\_ Reported to: \_\_\_\_\_  
What task was the employee performing when the injury/illness occurred? \_\_\_\_\_  
How did the injury/illness occur (describe in detail, provide all factors contributing to the incident): \_\_\_\_\_  
List body part(s) injured: \_\_\_\_\_  
Were there any witnesses? If yes, list names: \_\_\_\_\_  
Witness contact information: \_\_\_\_\_  
Was the employee acting in the course of employment?  Yes  No  Unsure  
What caused the injury/illness? \_\_\_\_\_  
Did the employee receive medical treatment?  Yes  No  Unsure

Corrective Action

Was the incident discussed with the employee?  Yes  No  
How could this incident/injury or illness be prevented in the future? \_\_\_\_\_  
Corrective action to be taken by department: \_\_\_\_\_

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## Investigation/Violations Found Results

Weather Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee wearing restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No
Talking on Cellular phone /Radio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wearing Corrective Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speeding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parked Illegally	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distracted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did not use spotter	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used Mirrors Correctly	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obedyed Traffic Laws	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

**Investigation Information**

<p><b>Unsafe workplace conditions:(Check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inadequate guard</li> <li><input type="checkbox"/> Unguarded hazard</li> <li><input type="checkbox"/> Safety device is defective</li> <li><input type="checkbox"/> Tool or equipment defective</li> <li><input type="checkbox"/> Workstation layout is hazardous</li> <li><input type="checkbox"/> Unsafe lighting</li> <li><input type="checkbox"/> Unsafe ventilation</li> <li><input type="checkbox"/> Lack of needed personal protective equipment</li> <li><input type="checkbox"/> Lack of appropriate equipment/tools</li> <li><input type="checkbox"/> Unsafe clothing</li> <li><input type="checkbox"/> No training or insufficient training</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>Unsafe acts by people: (Check all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating without permission</li> <li><input type="checkbox"/> Operating at unsafe speed</li> <li><input type="checkbox"/> Servicing equipment that has power to it</li> <li><input type="checkbox"/> Making a safety device inoperative</li> <li><input type="checkbox"/> Using defective equipment</li> <li><input type="checkbox"/> Using equipment in an unapproved way</li> <li><input type="checkbox"/> Unsafe lifting</li> <li><input type="checkbox"/> Taking an unsafe position or posture</li> <li><input type="checkbox"/> Distraction, teasing, horseplay</li> <li><input type="checkbox"/> Failure to wear personal protective equipment</li> <li><input type="checkbox"/> Failure to use the available equipment/tools</li> <li><input type="checkbox"/> Failure to follow safety rules</li> <li><input type="checkbox"/> Failure to follow manufacture instructions</li> <li><input type="checkbox"/> Did not ask for assistance</li> <li><input type="checkbox"/> Health/Wellness</li> <li><input type="checkbox"/> Other: _____</li> </ul>
<p>Why did the unsafe conditions exist?</p>	
<p>Why did the unsafe acts occur?</p>	
<p>Were the unsafe acts or conditions reported prior to the incident? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
<p>Have there been similar incidents or near misses prior to this one? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	

Supervisor/Administrator Signature

Date

Employee Signature

Date