HARVARD
Campus Services
ENVIRONMENTAL HEALTH & SAFETY

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT

PROJECT DATA

Date of Incident:	**Time:** **AM** or **PM**	**Day of Week**
Date of Report:		**Weather:**
Project Manager:		
Superintendent/ Foreman:		**Project Name:**
Exact Location of Incident: **Street Address:** _____ **City/State:** _____		**Drug Screen (s) Administered:** **Y** or **N** **If Yes, List Employees:**
Area:	**Are There Any Witnesses? Y or N**	See Page 5 for Witness Instructions

Type of Incident: (Select One)	**WC**	**GL**	**Auto**	**Equip**	**Theft/Vandalism**	**Property**	**Utility**

Incident Designation: (circle)	First Aid Only	Non-Recordable (*Medical Treatment*)	Restricted Work	Recordable (*Medical Treatment*) (*Lost Time*)

PERSONAL INJURY – WC

Injured Employee Name:		
Employee Home Address:	**Street:**	**Date of Birth:**
	City/State/Zip:	**Phone:**
Occupation/Job Title:	**Years Experience:** _____	**Date of Hire:**
Time Employee Started Work:	**AM** or **PM**	
Onsite First Aid Given: Y or N	**If Yes, by Whom & What Given:**	
Offsite Medical Treatment: Y or N	**If Yes, Treating Facility: (Name, City, State)**	
Date Treatment Given:	**List PPE worn at the time of incident:**	

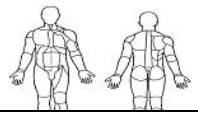
Shade the Specific Body Part (s) Injured:

Head
Brain
Ears
Left
Right
Eyes
Left
Right
Face
Jaw/Chin
Mouth or Throat
Nose
Scalp
Skull
Neck
Arms
Left
Right

Elbows
Left
Right
Forearms
Left
Right
Wrists
Left
Right
Hands
Left
Right
Fingers
Index
Middle
Ring
Pinky
Thumb

Trunk
Abdomen
Back
Upper
Middle
Lower
Chest, Ribs and/or Breastbone
Hips
Pelvis
Buttocks
Shoulders
Left
Right
Legs
Left
Right
Knees
Left
Right

Lower Legs
Left
Right
Ankles
Left
Right
Foot
Left
Right
Toes
Big Toe
Second Toe
Third Toe
Fourth Toe
Little Toe



INCIDENT TRACKING
(See Page 6 for codes)

Body Part:
Injury:
Detailed Description of Injury:

****For PA claims only: The employee and supervisor must sign the attached Medical Treatment Rights form.**

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GENERAL LIABILITY

Property Owner Name:

Property Owner Address:	**Street:**
	City/State:

Detailed Description of Damages: (draw diagram – next page)

Estimated Damage: $

Pictures Taken: Y or N

If Utility Strike Please Indicate the Following:

Electrical Line ☐ **Phone Line** ☐ **Gas Line** ☐

Water Line ☐ **Cable Line** ☐ **Other** ☐

Marked ☐ **Mismarked** ☐ **Unmarked** ☐

Was DigSafe Call Made?: Y or N **By Whom:** _____

Date Called In: _____ **Ticket #** _____

EQUIPMENT

Operator Name:	**Equipment / Vehicle Number:**	
	Rental: Y or N	**Rented From:**
Rental Company Phone:		**Estimated Damage ($):**
Did Operator obey all applicable safety rules? Y or N - If NO, list exceptions:		
Did Authorities Respond (fire, police, ambulance, etc)? Y or N	**Responding Authority:**	
	Contact Person Name:	
	Phone Number: :	
Was there Property Damage: Y or N If yes, please specify:	**Report / Incident Number:**	

For Vehicle Damage, Describe/Draw the Specific areas damaged:

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT

DESCRIPTION OF INCIDENT

TO BE COMPLETED FOR ALL INCIDENTS

Describe in detail the circumstances of the incident. Give a chronological sequence of events. If materials, equipment and/or vehicles were involved, start before they were brought to the incident scene and describe the who, what, where, when, and how the incident happened in your words below (specifically detail who, what, where, when, how, and why you believe the incident happened):

TO BE COMPLETED FOR ALL INCIDENTS

(Show position and any relative distances of employee(s), vehicle(s), equipment, pedestrians, property, etc., and indicate an arrow of direction for each if travel or moving equipment was involved):

DIAGRAM OF INCIDENT

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT

LESSONS LEARNED	*Was there any type of planning (ex: Pre-con, daily huddle, toolbox talk, etc) that discussed the potential for this incident, and the safe work procedures to be followed to prevent it? YES or NO* **Please attach a copy of document to support your findings.**

	What was the Root Cause(s) of the Incident?

	Contributing Factor(s) to the Incident: (weather, lighting, traffic control plan, communication of hazards, etc.)

CORRECTIVE ACTIONS

Corrective Actions(s) Taken or Planned **What was/will be done?**	By Whom	**Estimated Completion Date**	**Actual Completion Date**	**Confirmed Initials**
Incident discussed with employee to prevent recurrence?	**Yes** ☐ **No** ☐			
Any disciplinary action taken?	**Yes** ☐ **No** ☐			
If yes, describe what type:				

Possible actions to be taken to prevent similar incidents (circle action)

A. Repair/replace or modify equip.	**F. Ergonomic enhancement**	**K. Retraining of employees involved**
B. Improve job site housekeeping	**G. Establish a Safe Work Procedure**	**L. Preventive maintenance**
C. Update inspection procedure	**H. Improve environmental conditions**	**M. Improve enforcement**
D. Eliminate/reduce congestion	**I. Require/change PPE**	**N. Modify procedure & retrain**
E. Change design	**J. Install safety guard/device**	**O. Reassign employee to another job**

Follow Up Communication

Yes ☐	**No** ☐	**Injury site reviewed by supervisor/safety representative with employee**
Yes ☐	**No** ☐	**Supervisor reviewed incident with employees**
Yes ☐	**No** ☐	**Lessons learned posted in safety review. If yes, what?**

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APPENDIX N – EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT

EMPLOYEE / WITNESS STATEMENT FORM
TO BE COMPLETED FOR WORKERS' COMPENSATION INCIDENTS ONLY

Witness Name: (Please Print)	**Work Ph:**_____ **Home Ph:**_____ **Cell Ph:**_____
Witness Address:	

Date and Time of incident:	**am / pm**	**List other Witnesses:**
Supervisor Notified on Date and Time:	**am / pm**	

This is what happened (include who, what, where, when, how and why):
Do you recall anything unusual or unexpected that happened? Yes or No If Yes Explain:
Are there work conditions that contributed to this injury? Yes or No If Yes Explain
How would you prevent this incident from happening in the future?

PLEASE USE AND ATTACH ADDITIONAL PAGES IF NECESSARY	**Witness Signature:**	**Date:**

APPENDIX N – EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT

PARTICIPANTS OF THE INCIDENT ANALYSIS		MANAGEMENT REVIEW	
Name/Title or Trade	**Date**	**Name**	**Date**
		Foreman:	
		Superintendent:	
		General Superintendent:	
		Safety Manager:	
Employee Signature: (print)		**Project Manager:**	
Employee Signature:		**Other:**	

DISTRIBUTE SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT TO THE FOLLOWING:
Construction Manager, Project Safety Manager, Owner's Project Manager, and HUEHS.

ACCIDENT TYPES

1 **Falls On Same Level**: Slips, trips, or falls on foot level surfaces such as the ground, floors, stairs, work platforms, or rebar. Includes slips on mud, liquids, ice and other slippery surfaces and trips over obstacles such as tools, cords, rocky or uneven surfaces.
2 **Falls From Elevations:** Falls to a lower level from elevated surfaces. Includes falls from structural steel, scaffolds, work platforms, form work, equipment, etc.
3 **Falls From Ladders:** Falls from portable or fixed ladders including stepladders.
4 **Falls into Opening:** Falls into floor holes, openings in the ground (i.e., caisson holes, unguarded ditch/excavation, etc.)
5 **Material Handling – Manual:** Injuries from manually moving tools, equipment, or material. This includes over exertion due to lifting or carrying material manually and usually results in sprains/strains of the back and other body parts.
6 **Caught In/Under/Between:** Injuries caused by power tools or eqiupment and resulting in crushing or pinching of fingers and/or other body parts.
7 **Struck By/Against Object:** Injuries caused by employees being struck by flying or moving objects, or injuries caused by empolyees bumping into/against stationary objects.
8 **Struck By Flying Object-Eye:** Eye injuries only caused by grinding, chipping or other operations. Includes windblown dust and foreign bodies entering the eye.
9 **Occupational Illness** – includes the following:
   a. Skin diseases/disorders – poision ivy, heat rash, contact dermatitis, etc.
   b. Dust disease of lungs – silicosis, asbestosis, etc.
   c. Poisoning due to toxic materials – lead or other metal poisoning and poisoning by carbon monoxide or other gases
   d. Illness due to physical agents – sunstorke, heat exhaustion, frostbite, or other illnesses caused by temperature extremes or environmental conditions
   e. Disorders caused by repeated trauma – carpal tunnel syndrome, noise-induced hearing loss.
10 **Electrical Contact:** Injuries resulting in electrical shock caused by flow of electric current through the body. Includes shock from power tools, electrical cords, and contact with overhead power lines.
11 **Burns:** Injuries resulting in thermal (heat) or chemical burns. Includes burns caused by welding/cutting operations, or use of chemicals.
12 **Miscellaneous**: Avoid using this category. Only mark this category if the injury or illness doesn't fit into another general accident type

CAUSE CODES:

1. Improper handing of material
2. Improper lifting
3. Improper use of tools/equipment
4. Making safety devices inoperative
5. Failure to use PPE
6. Taking unsafe position
7. Clean, adjust, etc. of moving equipment
8. Horseplay, distracting, fighting
10. Defective equipment/tools
11. Improper/defective walk area
12. Slippery/rough surface
13. Poor housekeeping
14. Improperly piled material
15. Windblown dust
16. Congested area
17. Poor working conditions

PART OF BODY:

1. Ankle
2. Arm
3. Back
4. Chest
5. Elbow
6. Eye
7. Face
8. Foot/Toe
9. Groin
10. Hand/Finger
11. Head
12. Knee
13. Leg
14. Neck
15. Shoulder
16. Wrist