

## SUPERVISORS ACCIDENT / INCIDENT INVESTIGATION REPORT

PART I: BASIC INFORMATION			
1. Name of Employee Involved:	2. Job Title:		3. Department:
4. Phone Number:	5. Email Address:		6. How Long Worked in Present Job:
7. Location of Incident (address):	8. Date of Incident:		9. Time of Incident:
10. Any Injuries Sustained: ☐ Yes (list below) ☐ No		11. Type of Medical Treatment Required:  ☐ First Aid ☐ Emergency Services ☐ N/A	
12. Employee Wearing PPE: ☐ Yes (list below) ☐ No		13. Environmental Conditions (weather, visibility, etc.):	
PART II: NAMES OF OTHER EMPLOYEES INVOLVED			
PART III: WITNESSES			
1. List (Print) Names of Any Witnesses & Phone Numbers:			2. Employee(S) Involved Drug Tested:  ☐ Yes ☐ No
PART IV: SUPERVISOR NOTIFICATION & COST			
	2. Date & Time Supervisor Was Notified:		3. Estimated Cost of Damage / Loss:
PART V: INCIDENT DECRIPTION & DETAILS  Note: For vehicle accidents/incidents, attach a copy of the Florida Traffic Accident Report.			
1. Description of What Occurred:			
2. What Unsafe Act, Equipment, or Property Contributed to This Incident:			
3. What Steps or Changes Have Been Made to Prevent a Similar Incident from Occurring in the Future:			
PART VI: MANAGEMENT REVIEW / APPROVAL			
1. Site Supervisor: 2. Department Di			rector:
Name (Print): Name (Print):			
Signature: Date: Signature:		Date:	
Please submit this completed form to the Risk Management Office. For questions contact Risk Management at			