



# SUPERVISOR'S INVESTIGATION REPORT

## OF EMPLOYEE JOB INJURY OR ILLNESS

Answer All Questions.

Is Employee  Permanent  Probationary  Other \_\_\_\_\_ Teleclaim #: \_\_\_\_\_

1. Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_  
SS #: \_\_\_\_\_ ID #: \_\_\_\_\_

2. Dept. #: \_\_\_\_\_ Div. #: \_\_\_\_\_ Location #: \_\_\_\_\_

3. Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Address and location of incident: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name of immediate Supervisor: \_\_\_\_\_ Ph: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

5. To whom was occurrence first reported or mentioned?  
Name \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm  
Ph: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

6. Was this first reported as a minor injury on the minor injury log?  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

7. Was this a chemical or biological exposure?  No  Yes If yes, complete the Exposure Report (form # 160.01-279).

8. Did employee go to:  clinic  doctor or  hospital? Name of clinic, doctor or hospital \_\_\_\_\_  
Address \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  am  pm

9. Did the injured **employee** do anything to cause the accident/injury or illness?  No  Yes If yes, check item below:  
 Improper planning  Departure from standard procedure  Reckless behavior  Inattention  
 Lack of proper skills  Chose to use defective or improper equipment  Other \_\_\_\_\_  
Describe the above: \_\_\_\_\_

10. Did **another factor** contribute to the accident/injury or illness?  No  Yes If yes, check item below:  
 Action(s) of another person  Departure from standard procedure  Inadequate/Improper training or skill  
 Improper planning  Defective or improper equipment  Inattention  
 Insect/Animal  Chemical/Biological exposure  Weather  Other \_\_\_\_\_  
Describe the above: \_\_\_\_\_

11. What have you and/or your department done to help prevent a recurrence? Be specific: \_\_\_\_\_

12. Names of witnesses: (If witness statements are taken, attach to this report.)  
Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
Ph: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Witness Name: \_\_\_\_\_ Title: \_\_\_\_\_ Employee I.D. \_\_\_\_\_  
Ph: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

13. Attach supporting documents to this report such as photos, diagrams or other documents. Total number of pages attached: \_\_\_\_\_

Print name of Supervisor completing this report \_\_\_\_\_ I.D. # \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Ph: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employee's Description of Accident/Injury or Illness. Use attachment if necessary. Number of employee attachments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to complete this report accurately is a violation of Miami-Dade County Policies and Procedures. Violations may result in disciplinary action.

For use by GSA Risk Management and the County Attorney's Office

- Submit to: Original • GSA Risk Management (Phone: 305-375-4280/Fax: 305-372-6129); 111 N.W. 1st St., 23rd Floor  
Copy • Office of Safety (Phone: 305-876-8000/Fax: 305-876-8020), 4200 N.W. 36th St., Bldg. 5-A, 3rd Floor  
Copies • Department and Employee



## **INSTRUCTIONS FOR CONDUCTING THE SUPERVISOR'S INVESTIGATION**

Pursuant to the Miami-Dade County Safety Manual, each employee injury/illness will be investigated by the employee's supervisor as soon as possible after the occurrence. If you have questions, contact your Department Safety Specialist/Representative or the Office of Safety (305-876-8000). All employee injuries/illnesses must be reported to Teleclaim 1-877-MDC-RISK (1-877-632-7475) or on the Minor Injury Log.

### **1. CHECK THE SCENE**

- a. Carefully examine the site of the incident.
- b. Reconstruct, as much as possible, the chain of events leading up to the incident, and attempt to determine the single event that caused it.

### **2. COLLECT THE EVIDENCE**

- a. Inspect the machinery, protective equipment, site conditions, etc., to determine cause and/or contributing factors to the incident.
- b. If equipment or machine parts were defective, remove them from use and contact your Departmental Safety Specialist / Representative or the Miami-Dade County Office of Safety (305-876-8000) for instructions. Do not return defective /damaged equipment to service.

### **3. INTERVIEW THE EMPLOYEE**

- a. Interview the employee. Ask the employee to start from the beginning and describe what happened.
- b. Determine what procedures were (or were not) followed, what equipment was used, etc.
- c. If the employee exhibits unusual or erratic behavior, contact your Division Director immediately for directions.
- d. Enter the employee's description of the accident in the appropriate section of the Supervisor's Investigation Report and obtain employee's signature.

### **4. INTERVIEW WITNESSES**

- a. Interview witnesses at the scene. (Whenever possible, interview witnesses separately.)
- b. Obtain their names, titles, addresses, phone numbers and statements.

### **5. WRITE IT DOWN, TAKE PHOTOS, MAKE SKETCH/DIAGRAM.**

- a. Utilize the Supervisor's Investigation Report form to document all facts that relate to the injury/illness. Answer all questions on the form. If necessary, use additional paper to provide further detailed information.
- b. Note any unsafe conditions, faulty equipment, procedures not followed, misuse of equipment, or other items which could have caused or contributed to the incident. (e.g., lighting, weather, supplemental evidence, distractions).
- c. Attach (and number) all photos, diagrams, statements and any other pertinent information to the Supervisor's Investigation Report.

### **6. REVIEW THE SUPERVISOR'S INVESTIGATION REPORT**

- a. Review the evidence. Ensure that complete and adequate information is presented. If necessary, conduct further questioning of employee or witnesses.
- b. Within 48 hours of the incident, forward the Supervisor's Investigation Report form and any additional information to G.S.A. Risk Management, Suite 2340, 111 N.W. 1 Street (Phone: 305-375-4280/Fax 305-372-6129).

*All injuries or job related illnesses are caused by something: defective equipment, poor planning, an unsafe or careless act on the part of the employee or someone else, weather or some other specific circumstance. In order to prevent a recurrence, the supervisor must investigate and determine what caused the injury to the best of his/her ability.*

**PROMPTLY REPORT A DEATH OR SERIOUS INJURY TO:  
OFFICE OF SAFETY (305- 876-8000 After Hours: 305-880-2400)  
AND GSA RISK MANAGEMENT (305-375-4280).**