



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).**

CUSTOMER PROOF (SIGNATURE REQUIRED)

ATTENTION: It is YOUR RESPONSIBILITY to verify that this proof is ACCURATE in terms of grammar, layout omissions, spelling, and type styles. However, as an additional safeguard against omissions, indicate — in position — any additions needed on the final printed piece (i.e. signatures, photographs, etc.).

PLEASE MARK ANY CORRECTIONS DIRECTLY ON THIS PROOF

OK AS IS OK WITH CORRECTIONS PLEASE SUBMIT ANOTHER PROOF

Please Print Name

Phone No.

Signature

Date

FAILURE TO COMPLETE THE ABOVE INFORMATION WILL DELAY PRODUCTION

If this proof is not returned, signed and dated, within 10 days, your order for printing may be canceled.

It is recommended that you make a photocopy of this proof for your records.

RETURN TO G.S.A. GRAPHICS SECTION • 2225 N.W. 72 AVE.