

SUPERVISOR'S INVESTIGATION REPORT

Of Employee Job Injury or Illness
Teleclaim 1-877-MDC-RISK (1-877-632-7475)



Is Employee ☐ Permanent ☐ Probationary ☐ Other _____ Teleclaim # _____

1. Employee Name _____ Title _____ ID # _____

2. Dept. # _____ Div # _____ Location # _____ 3. Date of Incident _____ Time _____ AM or PM

Address & Location of Incident _____ City _____ Zip _____

4. Immediate Supervisor _____ Phone(s) _____

5. Who was this occurrence first reported to? Date _____ Name _____

Title _____ Date _____ Time _____ AM/PM Phone(s) _____

6. Was this a chemical or biological exposure? ☐ Yes ☐ No If yes, complete Exposure Report form

7. Was this first reported as a minor injury on the Minor Injury Log? ☐ Yes ☐ No Date _____ Time _____ AM or PM

8. Did employee go to: ☐ Clinic ☐ Doctor ☐ Hospital Name of Clinic, Doctor or Hospital _____

Address _____ Date _____ Time _____ AM or PM

9. Did injured employee do something to cause or contribute to the incident? ☐ No ☐ Yes If yes, check item below:

☐ Improper planning ☐ Departure from standard procedure ☐ Reckless Behavior
☐ Lack of proper skills ☐ Chose to use defective or improper equipment ☐ Inattention ☐ 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 re-occurrence? Be specific _____

12. Names of witness (If witness statements are taken, attach to this report.)

Witness Name _____ Title _____ Emp. ID _____

Phone(s) _____ Address _____

Witness Name _____ Title _____ Emp. ID _____

Phone(s) _____ Address _____

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

Employee's Description of Incident (Use attachment if necessary. Number of pages of employee attachment _____)

Employee Signature (if available) _____ **Date:** _____

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

Submit to: ISD Risk Management Phone 305-375-4280, Fax 305-375-5492; 111 N.W. 1 Street, 23rd Floor / Department retains copy.

Miami-Dade Office of Safety, Risk Management, ISD

<http://safetyweb.miamidade.gov/safetyweb/>

For the use of the County Attorney's Office and ISD

Rev. Sept. 2012

Instructions for Conducting the Supervisor's Investigation



If the employee requires **emergency** medical attention, call 911 or go to the nearest emergency room. If the employee requires **non-emergency** medical attention, go to a Miami-Dade Authorized Care Center <http://www.miamidade.gov/internalservices/contact-isd.asp>.

- In accordance with the Miami-Dade County Safety Manual, every employee injury/ illness will be investigated by the employee's supervisor as soon as possible after the occurrence.
 - All employee injuries or illnesses must be reported to Teleclaim 1-877-MDC-RISK (1-877-632-7475) or on the Minor Injury Log (available from <http://safetyweb.miamidade.gov/safetyweb/>).
 - For assistance contact your Departmental Safety Specialist / Representative or the Office of Safety at 305-876-8000.
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 what caused the incident.
 2. **Collect the Evidence**
 - a. Inspect 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 Office of Safety (305-876-8000) for instructions. Do not return defective/damaged equipment to service.
 3. **Interview the Employee**
 - a. 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 or DPR immediately for instructions.
 - d. Enter the employee's description of the accident in the appropriate section of the *Supervisor's Investigation Report* and obtain the 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. 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., lightning, weather, supplemental evidence, distractions).
 - c. Attach (and number) all photos, diagrams, statements and any other pertinent information to the *Supervisor's Investigation Report* form.
 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* and any additional information to: ISD Risk Management, Suite 2340, 111 NW 1 Street; Phone: 305-375-4280 / Fax: 305-375-5492. Retain a copy for your department.

ACCIDENT OR INCIDENT NOTIFICATION All employee injuries or illnesses must be reported to Teleclaim 1-877-MDC-RISK (1-877-632-7475) or on the Minor Injury Log (<http://safetyweb.miamidade.gov/safetyweb/>). If the incident results in death or serious injury, promptly call the Miami-Dade Office of Safety at 305-876-8000 or after hours at 305-546-1419 and ISD Risk Management at 305-375-4280.

ISD RISK MANAGEMENT INVESTIGATION All County personnel shall cooperate fully with ISD Risk Management staff conducting accident or incident investigations. ISD Risk Management investigations may be conducted in addition to, and independent of, departmental investigations.