

SUPERVISOR'S INVESTIGATION REPORT

Of Employee On-the-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

3. Address & Location of Incident _____ City _____ Zip _____

4. Supervisor (print) _____ (signature) _____ Phone _____

Person Writing this Report, if different (print) _____ (signature) _____ Phone _____

5. Who was incident first reported to? Name _____ Title _____

Date _____ Time _____ AM or 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 If known, 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 reason item below:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Improper planning | <input type="checkbox"/> Departure from standard procedure | <input type="checkbox"/> Inattention | <input type="checkbox"/> Reckless Behavior |
| <input type="checkbox"/> Lack of proper skills | <input type="checkbox"/> Chose to use defective or improper equipment | <input type="checkbox"/> Failed to follow instructions | <input type="checkbox"/> Other |

Describe the above _____

10. Did another factor contribute to the accident/injury or illness? No Yes If yes, check item below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Action(s) of another person | <input type="checkbox"/> Departure from standard procedure | <input type="checkbox"/> Inadequate / improper training or skill |
| <input type="checkbox"/> Improper planning | <input type="checkbox"/> Defective or improper equipment | <input type="checkbox"/> Inadequate /incorrect information |
| <input type="checkbox"/> Insect/Animal | <input type="checkbox"/> Chemical / Biological exposure | <input type="checkbox"/> Weather <input type="checkbox"/> Other |

Describe the above _____

11. What have you or your department done to help prevent a re-occurrence? Be specific (attach additional information if applicable) _____

12. Witness Name _____ Title _____ Phone _____

Witness Name _____ Title _____ Phone _____

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

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

Employee Signature (if available) _____ Date: _____

Employee Injuries

- If the employee requires **emergency** medical attention, call 911 or proceed to the nearest emergency room.
- If the employee requires **non-emergency** medical attention, the employee should be seen at a Miami-Dade Authorized Care Center <http://intra.miamidade.gov/internalservices/workers-compensation.asp> (or call 305-375-4280).
- All employee injuries or illnesses must be promptly reported to Teleclaim 1-877-MDC-RISK/877-632-7475 or, *if there is no medical attention or lost time*, on the Minor Injury Log (available from Safety website).
- If the incident results in death, serious injury, or serious damage, promptly notify the Miami-Dade Office of Safety at 305-876-8000 (after hours 305-546-1419) and ISD Risk Management at 305-375-4281.

The Supervisor's Investigation Report In accordance with the Miami-Dade County Safety Manual, every employee injury will be investigated by the employee's supervisor as soon as possible after the occurrence, and reported on the **Supervisor's Investigation Report**. For assistance contact the Departmental Safety Representative or the Office of Safety (305-876-8000).

How to Conduct an Accident Investigation

1. Check the Scene

- a. Carefully examine the site of the incident, equipment and conditions.
- b. Reconstruct, when possible, the chain of events leading to the incident, and determine what caused the incident.

2. Collect the Evidence

- a. Inspect machinery, protective equipment, site conditions, etc., to determine cause or contributing factors.
- b. If equipment or machine parts were defective, remove them from use, tag and disable damaged or defective equipment, and contact your Departmental Safety Representative or the Miami-Dade Office of Safety (305-876-8000) for instructions. Do not return defective or 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 employee exhibits unusual or erratic behavior, contact your Division Director or DPR immediately for instructions.
- d. Provide the employee's description of the accident in the appropriate section of the *Supervisor's Investigation Report*.

4. Interview Witnesses

- a. Interview witnesses at the scene. (Whenever possible, interview witnesses separately.)
- b. Obtain witness name, address, phone number and statement. Attach additional paper if necessary.

5. Write It Down, Take Photos, Make Sketch / Diagram

- a. Utilize the *Supervisor's Investigation Report* form to document all information. Attach additional paper if necessary.
- b. Describe unsafe conditions, faulty equipment, procedures not followed, improper use of equipment, weather or other items which could have caused or contributed to the incident.
- c. Attach (and number) photos, diagrams, statements and other pertinent information to the *Supervisor's Investigation Report*.

6. Review and Submit the Supervisor's Investigation Report

- a. Review the information. Is it complete and adequate? 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. Submit copies to your Departmental Safety Representative and in accordance with your department's protocol.

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 or other investigations.

Miami-Dade Office of Safety, Risk Management, ISD Phone 305-876-8000
Safety Website <http://intra.miamidade.gov/internalservices/safety-web.asp>