SUPERVISOR'S INVESTIGATION REPORT

OF EMPLOYEE ON-THE-JOB INJURY OR ILLNESS

Teleclaim 1-877-MDC-RISK (1-877-632-7475)

MIAMI-DADE COUNTY

Is Employee ☐ Permanent ☐ Probationary ☐ Other_____ Teleclaim #:_____

1. Employee Name:_____ Title:_____ ID #:_____

2. Dept. #:_____ Div. #:_____ Location #:_____ Date of Incident:_____ Time:_____ ☐ AM ☐ PM

3. Address and location of incident:_____ City:_____ Zip:_____

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

_____

_____

_____

_____

Employee Signature (if available):_____ Date:_____

5. Who was the incident first reported to? (print): _____ (signature):_____

   Date:_____ Time:_____ ☐ am ☐ pm Phone(s):_____

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

7. Who completed the Minor Injury Log? Name:_____ Title:_____

8. Did employee go to: ☐ clinic ☐ doctor ☐ hospital? If known, Name of clinic, doctor or hospital:_____

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

10. Did injured employee do something to cause or contribute to the incident? ☐ Yes ☐ No *If yes, check reason item below:*
    ☐ Improper planning ☐ Departure from standard procedure ☐ Failed to follow instructions ☐ Reckless Behavior
    ☐ Lack of proper skills ☐ Chose to use defective or improper equipment ☐ Inattention ☐ Other _____

11. Did another factor contribute to the accident/injury or illness? ☐ Yes ☐ No *If yes, check reason 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 _____

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

    _____

13. Witness Name: _____ Title: _____ Phone:_____

    Witness Name: _____ Title: _____ Phone:_____

14. Attach supporting documents to this report such as photos, diagrams, witness statements or other documents. Total number of pages attached____

15. Supervisor (print):_____ (signature):_____ Phone:_____

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

Submit completed report to: ISD Risk Management, Worker's Compensation, Phone: 305-375-4280 and a copy to
Office of Safety, Phone 305-876-8000, 111 N.W. 1st St., 23rd Floor / Department retains copy.

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"SUPERVISOR'S INVESTIGATION REPORT" INSTRUCTIONS

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.