

# LEARN INCIDENT INVESTIGATION SUPERVISOR REPORT FORM



**Instructions:** Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. Provide copies of the completed form and all incident statement forms to LEARN Human Resources.

## NATURE OF INJURY

**Body Part:** (check all that apply)

<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Arm	<input type="checkbox"/> Wrist	<input type="checkbox"/> Back	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Leg
<input type="checkbox"/> Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Index Finger	<input type="checkbox"/> Thumb	<input type="checkbox"/> Other Fingers
<input type="checkbox"/> Face	<input type="checkbox"/> Eye	<input type="checkbox"/> Foot	<input type="checkbox"/> Body	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Other:

**Type of Injury:**

<input type="checkbox"/> Pain	<input type="checkbox"/> Bite/Exposure to body fluid	<input type="checkbox"/> Biological
<input type="checkbox"/> Contusion (bruise)	<input type="checkbox"/> Burn	<input type="checkbox"/> Chemical
<input type="checkbox"/> Laceration	<input type="checkbox"/> Fall	<input type="checkbox"/> Other:

## DESCRIPTION OF THE ACTIVITY CAUSING INJURY

<input type="checkbox"/> Contact with/Exposure to	<input type="checkbox"/> Slippery or wet floor	<input type="checkbox"/> Icy/snow/wet conditions
<input type="checkbox"/> Struck by Client/student or item	<input type="checkbox"/> Tripped on object	<input type="checkbox"/> Outside hazards
<input type="checkbox"/> Bit by Client/student	<input type="checkbox"/> Getting in/out of vehicle	<input type="checkbox"/> Lifting, bending, reaching
<input type="checkbox"/> Continuous escalating behavior	<input type="checkbox"/> Stairs involved	<input type="checkbox"/> Climbing, pushing, pulling
<input type="checkbox"/> Restraint	<input type="checkbox"/> Repetitive motion	<input type="checkbox"/> Other:

## ROOT CAUSES

<input type="checkbox"/> Employee did not follow policies and/or procedures	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Inadequate tools, equipment
<input type="checkbox"/> Employee did not have good understanding of the client's/student's needs	<input type="checkbox"/> Amount was too heavy	<input type="checkbox"/> Facilities wear and tear
<input type="checkbox"/> Employee has minimal experience	<input type="checkbox"/> Poor floor conditions	<input type="checkbox"/> Footwear/clothing
<input type="checkbox"/> Staff ratio: employee to client was low	<input type="checkbox"/> Uneven terrain	<input type="checkbox"/> Other:

## CORRECTIVE ACTION REQUIRED

	Assignment	Date of Completion	Sign Off Initials
<input type="checkbox"/> Employee re-trained or re-evaluated for proper techniques			
<input type="checkbox"/> Team meeting to re-assess client/student			
<input type="checkbox"/> Work order in place to repair hazards/conditions & equipment			
<input type="checkbox"/> Evaluate change in safety feature or policy for work environment			
<input type="checkbox"/> Other:			

## ADDITIONAL INFORMATION

Provide any additional information important to the investigation (pictures taken, evidence collected).

*Completed by:*

*Building or Department Administrator Reviewed:*