



Supervisor's Injury and Illness Investigation Report

Workers' Compensation

Instructions:

1. Report injury/illness **immediately** to HR at Chancery
2. Only direct supervisor or administrator completes this form
3. Forward completed form to HR at Chancery

Parish/School Information			
Location Name:			
Location Address:			Phone:
Contact Name:		Job Title:	
Injured/Ill Employee Information			
Employee Name:			Phone (work):
Home Address:			Phone (home):
Job Title:		Direct Supervisor's Name:	
Facts Related to Injury/Illness			
Date of Injury or Illness: ____ / ____ / ____			Time of accident ____:____ AM / PM
Location where injury/illness occurred:			
What was the employee doing when injury/illness occurred?			Any witnesses? Yes / No
			Witness names:
Basic Causes of Accident (check reasons that apply)			
Employee Performance	Supervision	Unsafe Equipment/Materials	Unsafe Conditions / Environment
<input type="checkbox"/> Haste or short cuts. <input type="checkbox"/> Equipment such as jacks, ladders, hoists, etc. provided but not used. <input type="checkbox"/> Goggles, respirators, masks, etc. provided but not used. <input type="checkbox"/> Improper or unsafe tool or equipment used. <input type="checkbox"/> Horseplay or fooling around. <input type="checkbox"/> Instructions or rules disregarded. <input type="checkbox"/> Violation of safety procedures. <input type="checkbox"/> Inexperience or inattention. <input type="checkbox"/> Physical condition of employee. <input type="checkbox"/> Improper body position. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Act of fellow employee. <input type="checkbox"/> Improper clothing. <input type="checkbox"/> Other	<input type="checkbox"/> No job briefing. <input type="checkbox"/> Incomplete job description. <input type="checkbox"/> Rules, standards or instructions not enforced. <input type="checkbox"/> Personal safety devised not provided on job <input type="checkbox"/> Correct or safe tools not provided. <input type="checkbox"/> Inadequate inspection of equipment or jobs. <input type="checkbox"/> Improper method of doing work. <input type="checkbox"/> Poor job planning. <input type="checkbox"/> Too much risk. <input type="checkbox"/> Inadequate job training by supervisor. <input type="checkbox"/> Other	<input type="checkbox"/> Ineffectively guarded equipment. <input type="checkbox"/> Unguarded equipment. <input type="checkbox"/> Defective materials. <input type="checkbox"/> Defective tools. <input type="checkbox"/> Defective equipment (not motor vehicles). <input type="checkbox"/> Defective motor vehicle equipment. <input type="checkbox"/> Unsafe equipment or material of contractor, non-employee or customer. <input type="checkbox"/> Improper type or poor design. <input type="checkbox"/> Other	<input type="checkbox"/> Poor light. <input type="checkbox"/> Poor ventilation. <input type="checkbox"/> Bad housekeeping. <input type="checkbox"/> Improper piling or storing. <input type="checkbox"/> Tools, equipment or materials scattered around. <input type="checkbox"/> Slippery floors or other places. <input type="checkbox"/> Unsafe conditions caused by other persons. <input type="checkbox"/> Other
Detail how did the injury/illness occurred. If more space needed, please attach separate paper:			
Supervisor's corrective action to prevent incident from reoccurring:			
Supervisor's Name:		Supervisor's Signature:	Date Signed:
Human Resources Only			
Report received by:		Date Received:	