

## Supervisor's Incident Investigation Form

To be completed by the supervisor or person designated by the supervisor following any incident that resulted in injury/property damage. Conduct the investigation ASAP while the incident is still fresh. Check to be certain the *Incident Report Form* was completed properly.

Personal Injury	Property Damage
Name:	Property Damaged:
Extent of Injuries:	Extent of Damage:

**The following sections should be completed for all incidents:**

Were pictures taken of the scene or damaged property? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do witnesses agree with the description on the <i>Incident Report Form</i> ? All did <input type="checkbox"/> , Some did <input type="checkbox"/> , None <input type="checkbox"/>	
Description of events that lead to the incident (Use the back to draw a diagram):	
What acts/failure to act/conditions lead to incident:	
What can/should be done to prevent future incidents of this type:	
Any other comments:	
Signature:	Date: