**SUPERVISOR’S INCIDENT INVESTIGATION** 

**REPORT FORM**

INSTRUCTIONS

This form is to be completed by the supervisor of an employee that has experienced an incident resulting in a serious injury or illness. It shall be completed in a timely manner following an incident and can also be used to investigate a near-miss event that could have resulted in an accident or injury. Return completed form to:

|  | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| THIS FORM SERVES TO DOCUMENT *select all that apply* | | | | | | | | | | |
| **X** | DEATH |  | LOST TIME |  | ER / CLINIC TREATMENT |  | FIRST AID ONLY |  | NEAR MISS | |

| REPORT COMPLETED BY Name and Title | DATE OF INCIDENT | DATE OF REPORT |
| --- | --- | --- |
| Nil Massó, Supervisor | 24/04/2021 | 24/04/2021 |

INJURED EMPLOYEE INFORMATION

|  | EMPLOYEE NAME | | | | | | | | | | EMPLOYEE ID | | DATE OF BIRTH | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Juan | | | | | | | | | | 456 | | 24/07/1987 | | |
|  | JOB TITLE AT TIME OF INCIDENT | | | | | | | | | | DEPARTMENT | | | | |
|  | DAW Technician | | | | | | | | | | TIC | | | | |
|  | EMPLOYEE TYPE full or part-time, contract, etc. | | | | Length of time doing this job: | | | | | | NAME OF OTHER EMPLOYER *if applicable* | | | | |
|  | full | | | | 1 month | | | | | |  | | | | |
| NATURE OF INJURY *select all that apply* | | | | | | | | | | | | | | |
|  | | Abrasion, scrapes |  | Amputation | |  | Broken Bone |  | | Bruise | | **X** | | Burn (heat) |
|  | | Burn (chemical) |  | Concussion | |  | Crushing Injury |  | | Cut, laceration, puncture | | | | |
|  | | Hernia |  | Illness | |  | Sprain, strain | **X** | | Damage to body system | | | | |
|  | | Other, describe: |  | | | | | | | | | | | |
|  | DESCRIPTION OF INJURY | | | | | | | | PART OF BODY AFFECTED *shade all that apply* | | | | | | |
|  | Dead due to intoxication caused by smoke inhaling.  The fire was started by Dr.Fuego | | | | | | | |  | | | | | | |

INCIDENT DETAILS

| LOCATION | | | | | | | DATE OF INCIDENT | | | TIME | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office, Winston Alley, 68 | | | | | | | 24/04/2021 | | | 14:00 | |
| During what part of the employee’s workday did the incident occur? | | | | | | | | | | | |
|  | Entering or leaving work | | | | **X** | Doing normal work activities | | | | | |
|  | During meal period | |  | During break | | | |  | Working overtime | | |
|  | Other, describe: |  | | | | | | | | | |
| WITNESSES if any | | | | | | | | | | |
| All the Dr. | | | | | | | | | | |
| PROTECTIVE EQUIPMENT List any personal protective equipment used at the time of the incident. | | | | | | | | | | |
| None | | | | | | | | | | |
| INCIDENT DESCRIPTION Describe tasks being performed and sequence of events. *Attach additional pages as necessary.* | | | | | | | | | | |
| Juan was working normally in its Office with its colleagues, suddenly Dr.Fuego took off one of his gloves to catch a small pencil and accidentally touched a paper that fall onto the dust bin, they were chemicals in there, so the fire increased rapidly. Dr.Fuego was scared and though kicking the bin would be a good idea to extinguish it, but that caused all the bin things to fall in the ground and get in fire expelling a lot of smoke, at that point all doctors ran away from the office. Juan started going to the door, but he stumbled and fell, hitting the door with all his weight, causing it to close and block. From then, the fire filled all the room, causing Juan to inhale it and die. | | | | | | | | | | |
| ATTACHMENTS List anything to be submitted with this report (forms, witness statements, photographs, maps, drawings, etc.) | | | | | | | | | | |
| \*Drs testimony\* | | | | | | | | | | |

WHY DID THE INCIDENT OCCUR?

| UNSAFE WORKPLACE CONDITIONS *select all that apply* | | UNSAFE ACTS BY PEOPLE *select all that apply* | | |
| --- | --- | --- | --- | --- |
|  | Inadequate guard |  | Operating without permissions | |
| **X** | Unguarded hazard |  | Operating at unsafe speed | |
|  | Safety device is defective |  | Servicing equipment that has power to it | |
|  | Tool or equipment is defective | **X** | Making a safety device inoperative | |
|  | Workstation layout is hazardous |  | Using defective equipment | |
|  | Unsafe lighting |  | Using equipment in an unapproved way | |
| **X** | Unsafe ventilation |  | Unsafe lifting | |
|  | Lack of necessary personal protective equipment |  | Taking an unsafe position or posture | |
|  | Lack of appropriate equipment / tools |  | Distraction, teasing, horseplay | |
|  | Unsafe clothing | **X** | Failure to wear personal protective equipment | |
|  | No training or insufficient training |  | Failure to use the available equipment / tools | |
|  | Other; Describe below: |  | Other; Describe below: | |
|  | |  | | |
| Why did the unsafe conditions exist? | | | |
| Irresponsibility of taking off the glove.  Lack of a fire extinguisher in the room.  Lack of ventilation. | | | |
| Why did the unsafe acts occur? | | | |
| Inability to grab small objects due to the globes. | | | |

| Is there a workplace culture, norm, or expectation that may have encouraged the unsafe conditions or acts? | |  | YES | **X** | NO |
| --- | --- | --- | --- | --- | --- |
| If yes, describe: |  | | | | |

| Were the unsafe acts or conditions reported prior to the incident? |  | YES | **X** | NO |
| --- | --- | --- | --- | --- |

| Have there been similar incidents or near misses prior to this one? |  | YES | **X** | NO |
| --- | --- | --- | --- | --- |

HOW CAN FUTURE INCIDENTS BE PREVENTED?

| What changes do you suggest to prevent this incident / near miss from happening again? *select all that apply* | | | | |
| --- | --- | --- | --- | --- |
|  | Stop this activity |  | Guard the hazard | |
|  | Train the employee(s) |  | Train the supervisor(s) | |
|  | Redesign task steps | **X** | Redesign work station | |
|  | Write a new policy / rule |  | Enforce existing policy | |
| **X** | Routinely inspect for the hazard |  | Personal protective equipment | |
| **X** | Other; Describe below: | | | |
| Put the requiring equipment and installations, and give objects of a size according to the worker conditions(Adapt the work to the worker) | | | | |
| What should be (or has been) done to carry out the suggestion(s) selected above? | | | |
| Install more fire extinguishers  Extend the gas pipping to all offices.  Give slimmer globes or bigger tools | | | |

REPORT DETAILS

| REPORT WRITTEN BY | | |
| --- | --- | --- |
| NAME | TITLE | |
| Nil | Supervisor | |
| DEPARTMENT | | DATE |
| Supervising | | 25/04/2021 |

| REPORT REVIEWED BY | | |
| --- | --- | --- |
| NAME | TITLE | |
|  |  | |
| DEPARTMENT | | DATE |
|  | |  |

| INVESTIGATION TEAM MEMBERS | |
| --- | --- |
| NAME | TITLE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

REPORT SUBMITTED BY

| NAME | SIGNATURE | DATE |
| --- | --- | --- |
| Nil | NIL | 25/04/2021 |

REPORT RECEIVED BY

| NAME | SIGNATURE | DATE |
| --- | --- | --- |
| Montse | MONTSE | 25/04/2021 |

| **DISCLAIMER**  Any articles, templates, or information provided by Smartsheet on the website are for reference only. While we strive to keep the information up to date and correct, we make no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability, or availability with respect to the website or the information, articles, templates, or related graphics contained on the website. Any reliance you place on such information is therefore strictly at your own risk. |
| --- |