CITY OF LEBANON

SUPERVISORS INCIDENT INVESTIGATION REPORT

Dept	Division Maintenance	Vehicle#

Exact Location	Date of Incident	Time AM ☐ PM ☐	Date Reported

Personal Information		**Property Damage**	
Department	Occupation	Property Damaged	
Part of Body Affected		Estimated Costs	Actual Costs
Nature of Injury or Exposure		Nature of Damage	
Object/Equipment/Substance/Inflicting Injury or Exposure		Object/Equipment/Substance/Inflicting Damage	

DESCRIPTION

Describe Clearly What Happened, Including Events Leading UP to the Incident:

Did Individual Leave Work? Date Time AM ☐ PM ☐

Did Individual Go to the Doctor (Physician Name)? To Hospital (Name of Hospital)?

Expected Date of Return to Work?

ANALYSIS

Causes. Describe unsafe acts, conditions or other factors that may have contributed to the incident:

For **material handling** accidents complete additional information on reverse side

Loss Severity Potential	**Probable Recurrence Rate**
High (Major) ☐ Medium (Serious) ☐ Low (Minor) ☐	High(Frequent) ☐ Medium (Occasional) ☐ Low (Rare) ☐

PREVENTION

What action has or will be taken to prevent recurrence?

.

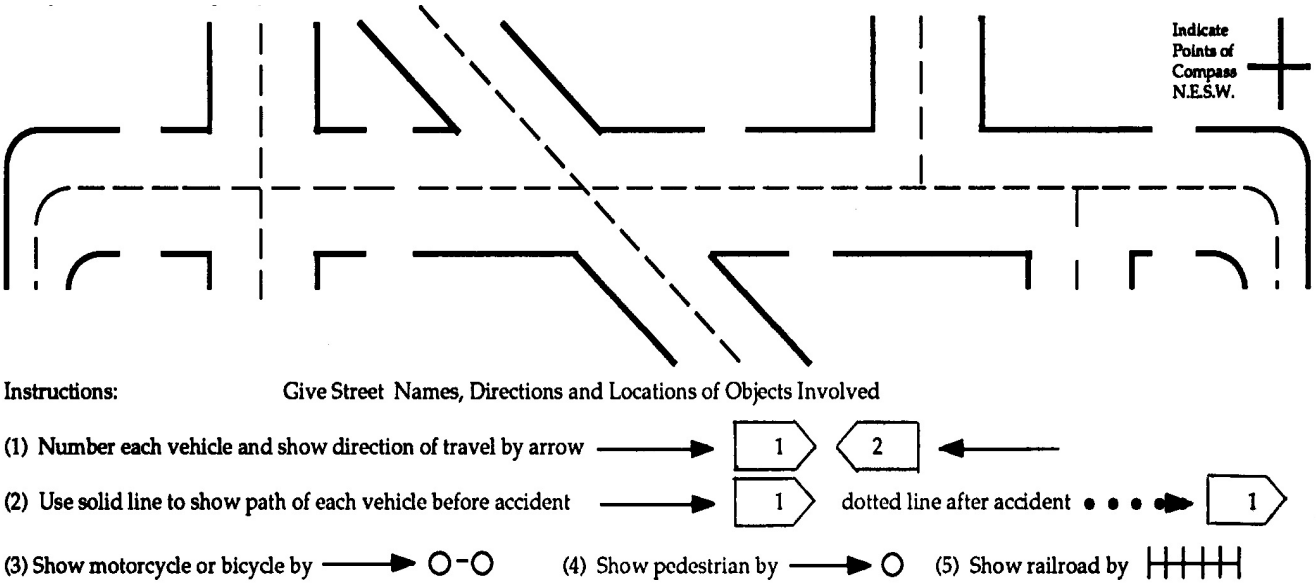
Supervisor's Signature	Date	Dept. Head's Signature	Date

MATERIAL HANDLING ANALYSIS

1. What was being handled:_____
2. How much did it weigh?_____ 3. Distance of lift/lower?_____
4. Did the employee slip while lifting? Yes ☐ No ☐
5. Where there any abnormal working conditions at the location of the incident (wet floors, material on floors, etc..)?_____
6. Was the material handled in the standard way?_____
7. How often is this job done?_____
8. Has the employee had previous material handling incidents? Yes ☐ No ☐
Explain_____
9. Was the incident reported immediately Yes ☐ No ☐ If not why? _____
10 Who was employee working with at time of incident?_____

AUTOMOBILE SEAT BELTS

Installed in Vehicle (check one) Yes ☐ No ☐ Used at time of accident (check one) Yes ☐ No ☐
Helpful in Minimizing Injuries Including Passenger Yes ☐ No ☐ Explain:



Complete the following diagram showing direction & positions of automobiles or property involved, designating clearly point of contact.