

BEVERLY CITY FIRE DISTRICT

SUPERVISOR'S INCIDENT INVESTIGATION REPORT

District	Department / Division	Claim Number	
Exact Location of Incident		Date and Time of Incident	Date Reported to Supervisor
Name of Witness #1 / Contact Number		Name of Witness #2 / Contact Number	
Temperature	Weather Conditions	Light Conditions	

Personal Injury or Illness

Name	Occupation / Job Title	Length of Time in Position
Object / Substance causing Injury (Retain equipment if failure contributed to incident)		
Injury / Illness type <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion / Bruise <input type="checkbox"/> Burn, thermal <input type="checkbox"/> Poisoning <input type="checkbox"/> Puncture / Laceration <input type="checkbox"/> Sprain / Strain <input type="checkbox"/> Burn, chemical <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Crushing <input type="checkbox"/> Cumulative Trauma <input type="checkbox"/> Electrical Shock / Burn <input type="checkbox"/> Plant / Insect / Animal <input type="checkbox"/> Amputation <input type="checkbox"/> Fracture / Dislocation <input type="checkbox"/> Heat / Cold Stress <input type="checkbox"/> Other _____		
Contributing Acts or Conditions (check all that apply) <input type="checkbox"/> Lifting/ material handling <input type="checkbox"/> Sudden movement <input type="checkbox"/> Fatigue / physical cond. <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Posture / positioning <input type="checkbox"/> Housekeeping <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Warnings / labeling <input type="checkbox"/> Equipment selection <input type="checkbox"/> Use of safety features <input type="checkbox"/> Equipment / material use <input type="checkbox"/> Proper authorization <input type="checkbox"/> Personal Protect. equip. <input type="checkbox"/> Other _____		Root Causes & Contributing Factors (check all that apply) <input type="checkbox"/> Knowledge / training <input type="checkbox"/> Equip. specifications <input type="checkbox"/> Selection / placement <input type="checkbox"/> Feedback system <input type="checkbox"/> Supervision <input type="checkbox"/> Policy/practice <input type="checkbox"/> Engineering controls <input type="checkbox"/> EE attitude / behavior <input type="checkbox"/> PPE use / condition <input type="checkbox"/> Drug / alcohol / horseplay <input type="checkbox"/> Inspection / maintenance <input type="checkbox"/> Environmental conditions <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
Was safety equipment & Personal Protective Equipment (PPE) in place and being used? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List safety equipment / PPE used and date of last inspection: 		

Property Damage

#1 Property Damaged	#2 Property Damaged
Cost __estimate __actual \$	Cost __estimate __actual \$
What action(s) or lack of action(s) contributed to this loss?	

Employee's Description of Incident

Distribution:

Supervisor – Send completed report to Claims Coordinator
 Claims Coordinator – Send completed report to 1) TPA, 2) JIF Safety Consultant, 3) Safety Coordinator
 *** Attach Police Report and pictures for all vehicle and property damage reports.

What could be done to prevent reoccurrence? _____

Employee Name _____ Date _____

Supervisor's Description of Incident (Clearly relate events leading to incident and attach additional pictures, diagrams, etc) _____

Why did this incident happen (List all factors that helped to cause the incident) _____

What could be done to prevent reoccurrence? _____

Date of most recent training relevant to this incident: _____

Supervisor Signature _____ Date _____

Safety Committee Review: What could be done to prevent reoccurrence? _____

Safety Coordinator Name _____ Date _____

Witness Statement

Distribution:

Supervisor – Send completed report to Claims Coordinator

Claims Coordinator – Send completed report to 1) TPA, 2) JIF Safety Consultant, 3) Safety Coordinator

*** Attach Police Report and pictures for all vehicle and property damage reports.

Municipality / Authority	Department / Division	Claim Number	
Exact Location of Incident		Date of Incident	Time of Incident

Name _____ **Title** _____

Description of incident: _____

What actions, conditions, or lack of actions contributed to incident? _____

What could be done to prevent reoccurrence?

Witness Signature: _____ **Date** _____

Distribution:

Supervisor – Send completed report to Claims Coordinator

Claims Coordinator – Send completed report to 1) TPA, 2) JIF Safety Consultant, 3) Safety Coordinator

*** Attach Police Report and pictures for all vehicle and property damage reports.