



TOWN OF WELLESLEY  
**SUPERVISOR'S LOSS INVESTIGATION REPORT**

Department/Division		Vehicle/Building	
Location On Town Premises? Yes ____ No ____	Date of Occurrence	Time: a.m. _____ p.m. _____	Date Reported

<b>Injury or Illness</b>	
Injured's Name	
Occupation	Age
Nature of Injury or Illness	

<b>DESCRIPTION</b>	Describe clearly what took place, including materials, equipment, people involved.

<b>ANALYSIS</b>	Using guide on reverse page, question (why, what, where, when, who) each operating factor and the management controls involved. Describe each management deficiency contributing to the loss.

EVALUATION: Loss Severity Potential Major    Serious    Minor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Probable Recurrence Rate Frequent    Occasional    Rare <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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<b>PREVENTION</b>	Describe which controls require additional attention and what action has or will be taken to prevent recurrence. Place X by items completed.

Investigated by:	Date:	Reviewed by:	Date: