



SUPERVISOR'S ACCIDENT INVESTIGATION REPORT Injury or Illness

To be filled out and signed by Supervisor, and submitted within 24 hours after incident.

| | | | |
|---|---|--|--|
| Name of Injured Employee | | | |
| Occupation | | | Age |
| Nature of Injury or Illness | | | |
| Department/Division | Specific Location of incident | On town premises? Yes No | Date Reported |
| Date of Incident | Time of incident | Time began work | Did s/he lose time from work? Yes No |
| DESCRIPTION | Describe clearly what took place, including materials, equipment, people involved. | | |
| | | | |
| ANALYSIS | 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 | | Probable Recurrence Rate | |
| Major Serious Minor | | Frequent Occasional Rare | |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| PREVENTION | 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: |
| | | | |
| Please return completed form to Jen Glover, Workers Comp Coordinator, Town Hall, HR Department | | | |
| jglover@wellesleyma.gov P: 781.431.1019 x2236 F: 781.431.8643 | | | |

Get the facts by studying the job and situation involved. Question each **management control** to determine the deficiencies and the corrective action that must be taken to control the actual causes of the loss. The questioning guide will assist but may not contain all of the questions necessary.

| Operating Factors | Management Controls | Questioning Guide |
|-------------------|------------------------|--|
| PEOPLE | Placement | <p>WHO WAS INVOLVED?</p> <p>What qualifications are necessary to perform the task? Who is most qualified? Why was this employee selected if not the most qualified?</p> |
| | Training | <p>What instructions or training were provided? What additional training is needed?</p> |
| | Enforcement | <p>What instructions were not followed? What additional rules or enforcement action should be established?</p> |
| EQUIPMENT | Design and Arrangement | <p>WHAT EQUIPMENT WAS INVOLVED?</p> <p>Why was this equipment used? What equipment should be used? What guards were or were not used? What arrangement problems were present? What additional design and arrangement controls are necessary?</p> |
| | Purchasing | <p>How did the quality or hazards of the equipment contribute to the loss? What additional purchasing controls are necessary?</p> |
| | Maintenance | <p>What maintenance problems were evident? When should maintenance be performed? How can maintenance be improved?</p> <p>What Personal Protective Equipment is provided? When should Personal Protective Equipment be used? What Personal Protective Equipment should be provided?</p> |
| MATERIAL | Design and Arrangement | <p>WHAT MATERIAL WAS INVOLVED?</p> <p>What design characteristics contributed to the loss? How should the material be designed? How was the material arranged, handled and used? How should the material be arranged, handled and used? Where should the material be arranged?</p> |
| | Purchasing | <p>Why was this material being used? What material should be used?</p> |
| ENVIRONMENT | Design and Arrangement | <p>WHAT ENVIRONMENTAL FACTORS (BUILDING, NOISE, VAPOR, ILLUMINATION, ETC.) WERE INVOLVED?</p> <p>Why was it designed and arranged this way? How should it be designed and arranged?</p> |
| | Purchasing | <p>What purchasing controls are necessary?</p> |
| | Housekeeping | <p>When should housekeeping be performed? How should housekeeping be improved?</p> |
| | Maintenance | <p>What maintenance problems are evident? When should maintenance be performed?</p> |