Department of Administration

# RISK MANAGEMENT

## State of Nevada

## SUPERVISOR ACCIDENT/INJURY/INCIDENT INVESTIGATION REPORT

**Department/Division** **Location**

**Employee's Name** **Date of Incident/Injury**

**Sex** **Age** **Employment Status:** **Full Time** **Part Time** **Seasonal** **Temporary**

**Regular assigned position** **Length of time in this position**

**Was employee performing regular job duty?** **If not, explain**

**Was employee working overtime?** **If yes, explain**

**Does employee work a rotating shift?** **Was there a recent change in the shift?**

**Location of accident** **Time of Day** **Day of Week**

**Body part injured** **Type of injury**

**Severity of injury** **First Aid** **Dr. Visit** **Emergency Care**

**C-1 completed** **Yes** **No** **C-3 completed** **Yes** **No**

**Restricted Duty** **Lost Time**

**Describe in detail what happened**

**Has this employee received training in the prevention of this type of injury?** **Date**

**Describe any equipment damage/estimatecost**

**WITNESSES:(Attach written statements. If non-State employee, include work or home address)**

| Name | JobTitle | Telephone |
|---|---|---|
| Name | JobTitle | Telephone |
| Name | JobTitle | Telephone |
| Name | JobTitle | Telephone |

**Employee's Supervisor at time of injury**

**CAUSES OF ACCIDENT/INJURY: Mark all that apply D=Direct Cause C=Contributing Factor**

| Environmental: | Work Conditions: | Personal Factors: |
|---|---|---|
| Weather conditions | Poor housekeeping/clutter | Unsafe act |
| Heat | Defective equipment/tools | Lack of knowledge/skill |
| Cold | Inadequate work space | Improper motivation |
| Noise | Uneven/wet walking surface | Inadequate planning |
| Smoke/fumes | Inadequate prot. equip. | Fatigue/stress |
| Dust | Inadequate lighting | Deviation from procedure |
| Third Party | Inadequate ventilation | Violation of safety rule |
| Other: | Other: | Other: |

| Job Factors: | Management Issues: | Other Factors: |
|---|---|---|
| Inadequate design | Insufficient training | |
| Inadequate equip./tools | Inadequate planning | |
| Inadequate procedures | Lack of program support | |
| Inadequate maintenance | Lack of enforcement | |
| Inadequate inspection | Budgetary constraints | |
| Inadequate purchasing | Understaffed | |

**WAS A NOTICE OF INJURY (C-1) FORM COMPLETED BY EMPLOYEE? Date**

**<u>CORRECTIVE ACTION PLAN</u> (include immediate, short term and long term plan)**

**Immediate Action**

**Assigned To** **Date Completed**

**Short Term Plan**

**Assigned To** **Date Completed**

**Long Term Plan**

**Assigned To** **Date Completed:**

**ADDITIONAL INFORMATION:**

**Investigation completed by** **Date**

**Reviewed by** **Date**

**<u>Note: Send copy of reports to Risk Management</u>**

Form RM-ACCINV (07-06)