



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:
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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

CORRECTIVE ACTION PLAN (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

Note: Send copy of reports to Risk Management

