



# City of Kingsville

## Supervisor's Injury / Incident Investigation Form

- Instructions:**
- To be completed with all First Report of Injury or Illness Forms.
  - Must be completed by a supervisor.
  - A copy of this form must be placed in the injured employee's departmental file.

Employee ID#:		Dept/Division:	
Employee Name:		Job Position:	
Date of Incident:	Time of Incident:	Location:	
Type of Injury:		Part of Body Injured:	
Employee's Supervisor:		Eyewitness:	
Detail Description of Incident (attach any photos, diagrams, charts, etc.)			
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Environmental Conditions that may have contributed to the accident (weather, housekeeping, noise, light, etc.):			
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Underlying factors contributing to accidents (not wearing PPE, faulty equipment, lack of training, non-attentive, etc.):			
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Corrective Actions to be taken (provided) training/tools, repair/replace, job procedures, work order, etc.): _____			
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Supervisor Name & Signature:		Date:	
Department Director Name & Signature:		Date:	
HR Representative Name & Signature:		Date:	

*Submit Report to the Human Resource Department.*