



SUPERVISOR'S INVESTIGATION REPORT

OF EMPLOYEE JOB INJURY OR ILLNESS

Answer All Questions.

Is Employee Permanent Probationary Other _____ Teleclaim #: _____

1. Name of Employee: _____ Title: _____

SS #: _____ ID #: _____

2. Dept. #: _____ Div. #: _____ Location #: _____

3. Date of Incident: _____ Time: _____ am pm

Address and location of incident: _____ City _____ State _____ Zip _____

4. Name of immediate Supervisor: _____ Ph: (W) _____ (H) _____ (Cell) _____

5. To whom was occurrence first reported or mentioned?
Name _____ Title _____ Date: _____ Time: _____ am pm
Ph: (W) _____ (H) _____ (Cell) _____

6. Was this first reported as a minor injury on the minor injury log? Yes No Date: _____ Time: _____ am pm

7. Was this a chemical or biological exposure? No Yes If yes, complete the Exposure Report (form # 160.01-279).

8. Did employee go to: clinic doctor or hospital? Name of clinic, doctor or hospital _____

Address _____ Date: _____ Time: _____ am pm

9. Did the injured employee do anything to cause the accident/injury or illness? No Yes If yes, check item below:

- Improper planning
- Lack of proper skills
- Departure from standard procedure
- Chose to use defective or improper equipment
- Reckless behavior
- Inattention
- Other _____

Describe the above: _____

10. Did another factor contribute to the accident/injury or illness? No Yes If yes, check item below:

- Action(s) of another person
- Improper planning
- Insect/Animal
- Departure from standard procedure
- Defective or improper equipment
- Chemical/Biological exposure
- Inadequate/Improper training or skill
- Inattention
- Weather
- Other _____

Describe the above: _____

11. What have you and/or your department done to help prevent a recurrence? Be specific: _____

12. Names of witnesses: (If witness statements are taken, attach to this report.)

Witness Name: _____ Title: _____ Employee I.D. _____

Ph: (W) _____ (H) _____ (Cell) _____

Witness Name: _____ Title: _____ Employee I.D. _____

Ph: (W) _____ (H) _____ (Cell) _____

13. Attach supporting documents to this report such as photos, diagrams or other documents. Total number of pages attached: _____

Print name of Supervisor completing this report _____ I.D. # _____ Supervisor Title: _____

Signature: _____ Date: _____ Ph: (W) _____ (H) _____ (Cell) _____

Employee's Description of Accident/Injury or Illness. Use attachment if necessary. Number of employee attachments: _____

Employee Signature: _____ Date: _____

Failure to complete this report accurately is a violation of Miami-Dade County Policies and Procedures. Violations may result in disciplinary action.
For use by GSA Risk Management and the County Attorney's Office

- Submit to:**
- Original • GSA Risk Management (Phone: 305-375-4280/Fax: 305-372-6129); 111 N.W. 1st St., 23rd Floor
 - Copy • Office of Safety (Phone: 305-876-8000/Fax: 305-876-8020), 4200 N.W. 36th St., Bldg. 5-A, 3rd Floor
 - Copies • Department and Employee



INSTRUCTIONS FOR CONDUCTING THE SUPERVISOR'S INVESTIGATION

Pursuant to the Miami-Dade County Safety Manual, each employee injury/illness will be investigated by the employee's supervisor as soon as possible after the occurrence. If you have questions, contact your Department Safety Specialist/Representative or the Office of Safety (305-876-8000). All employee injuries/illnesses must be reported to Teleclaim 1-877-MDC-RISK (1-877-632-7475) or on the Minor Injury Log.

1. **CHECK THE SCENE**
 - a. Carefully examine the site of the incident.
 - b. Reconstruct, as much as possible, the chain of events leading up to the incident, and attempt to determine the single event that caused it.
2. **COLLECT THE EVIDENCE**
 - a. Inspect the machinery, protective equipment, site conditions, etc., to determine cause and/or contributing factors to the incident.
 - b. If equipment or machine parts were defective, remove them from use and contact your Departmental Safety Specialist / Representative or the Miami-Dade County Office of Safety (305-876-8000) for instructions. Do not return defective /damaged equipment to service.
3. **INTERVIEW THE EMPLOYEE**
 - a. Interview the employee. Ask the employee to start from the beginning and describe what happened.
 - b. Determine what procedures were (or were not) followed, what equipment was used, etc.
 - c. If the employee exhibits unusual or erratic behavior, contact your Division Director immediately for directions.
 - d. Enter the employee's description of the accident in the appropriate section of the Supervisor's Investigation Report and obtain employee's signature.
4. **INTERVIEW WITNESSES**
 - a. Interview witnesses at the scene. (Whenever possible, interview witnesses separately.)
 - b. Obtain their names, titles, addresses, phone numbers and statements.
5. **WRITE IT DOWN, TAKE PHOTOS, MAKE SKETCH/DIAGRAM.**
 - a. Utilize the Supervisor's Investigation Report form to document all facts that relate to the injury/illness. Answer all questions on the form. If necessary, use additional paper to provide further detailed information.
 - b. Note any unsafe conditions, faulty equipment, procedures not followed, misuse of equipment, or other items which could have caused or contributed to the incident. (e.g., lighting, weather, supplemental evidence, distractions).
 - c. Attach (and number) all photos, diagrams, statements and any other pertinent information to the Supervisor's Investigation Report.
6. **REVIEW THE SUPERVISOR'S INVESTIGATION REPORT**
 - a. Review the evidence. Ensure that complete and adequate information is presented. If necessary, conduct further questioning of employee or witnesses.
 - b. Within 48 hours of the incident, forward the Supervisor's Investigation Report form and any additional information to G.S.A. Risk Management, Suite 2340, 111 N.W. 1 Street (Phone: 305-375-4280/Fax 305-372-6129).

All injuries or job related illnesses are caused by something: defective equipment, poor planning, an unsafe or careless act on the part of the employee or someone else, weather or some other specific circumstance. In order to prevent a recurrence, the supervisor must investigate and determine what caused the injury to the best of his/her ability.

**PROMPTLY REPORT A DEATH OR SERIOUS INJURY TO:
OFFICE OF SAFETY (305- 876-8000 After Hours: 305-880-2400)
AND GSA RISK MANAGEMENT (305-375-4280).**