

MIDDLEBURY COLLEGE

SUPERVISOR'S INTERNAL INCIDENT INVESTIGATION REPORT

NOTE: Please complete shaded sections and deliver or submit electronically to hr@middlebury.edu within 24 hours of knowledge of the incident.

Incident Information			
Incident Date		Incident Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Specific Location of Incident <small>(Ex. Building and room/floor/area)</small>		Date Incident Reported	
Incident Details			
Name of Injured Employee		Employee Job Title	
Employee Date of Hire		Department	
IMPORTANT: Review the Employee Incident Report Form and/or speak to the injured employee PRIOR to completing the remainder of the report.			
Describe in detail what happened (include task being performed, tools/equipment in use). What was the employee doing immediately PRIOR to the incident? What injured the employee? What was the sequence of events?			
Describe the type of injury that occurred (examples: burn, contusion, laceration, sprain, strain, etc.).			
Describe the part of body that was affected (be specific and note right or left side).			
Treatment required:	<input type="checkbox"/> None <input type="checkbox"/> On-Site First Aid <input type="checkbox"/> Off-Site Medical (specify):		
Any lost work time?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify dates and hours):		
Incident Analysis and Corrective Actions			
Is there a written safe work practice/procedure for the task the employee was doing when the incident occurred?			
<input type="checkbox"/> No – if “no”, should one be developed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
<input type="checkbox"/> Yes – if “yes”, was it being followed? <input type="checkbox"/> No <input type="checkbox"/> Yes			
What Personal Protective Equipment (PPE) was required?			
Was PPE properly used?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please describe):		
Was employee trained for the task being performed?			
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please describe):			
What was the cause of the injury? (Examples: insufficient training, procedure not followed, PPE not worn, equipment failure, improper equipment used, rushing/hurrying, insufficient planning, etc.)			
What corrective actions are recommended to prevent this from occurring again? (Think of other areas where this might apply)			
Corrective Action	Responsibility	Target Date	
Report Completed by:			
Supervisor Name	Supervisor Job Title	Date	
Report Reviewed by:			
Next level of Management	Job Title	Date	
Report Reviewed by:			
Safety Professional	Job Title	Date	