



LEARN INCIDENT INVESTIGATION SUPERVISOR REPORT FORM

Instructions: Obtain statements from the injured employee and any witnesses to include what happened, what caused the incident and what were the contributing factors to the incident. Provide copies of the completed form and all incident statement forms to LEARN Human Resources.

NATURE OF INJURY

Body Part: (check all that apply)

☐ Neck	☐ Shoulder	☐ Arm	☐ Wrist	☐ Back	☐ Abdomen	☐ Leg
☐ Knee	☐ Foot	☐ Hand	☐ Head	☐ Index Finger	☐ Thumb	☐ Other Fingers
☐ Face	☐ Eye	☐ Foot	☐ Body	☐ Left	☐ Right	☐ Other:

Type of Injury:

☐ Pain	☐ Bite/Exposure to body fluid	☐ Biological
☐ Contusion (bruise)	☐ Burn	☐ Chemical
☐ Laceration	☐ Fall	☐ Other:

DESCRIPTION OF THE ACTIVITY CAUSING INJURY

☐ Contact with/Exposure to	☐ Slippery or wet floor	☐ Icy/snow/wet conditions
☐ Struck by Client/student or item	☐ Tripped on object	☐ Outside hazards
☐ Bit by Client/student	☐ Getting in/out of vehicle	☐ Lifting, bending, reaching
☐ Continuous escalating behavior	☐ Stairs involved	☐ Climbing, pushing, pulling
☐ Restraint	☐ Repetitive motion	☐ Other:

ROOT CAUSES

☐ Employee did not follow policies and/or procedures	☐ Poor housekeeping	☐ Inadequate tools, equipment
☐ Employee did not have good understanding of the client's/student's needs	☐ Amount was too heavy	☐ Facilities wear and tear
☐ Employee has minimal experience	☐ Poor floor conditions	☐ Footwear/clothing
☐ Staff ratio: employee to client was low	☐ Uneven terrain	☐ Other:

CORRECTIVE ACTION REQUIRED

	Assignment	Date of Completion	Sign Off Initials
☐ Employee re-trained or re-evaluated for proper techniques			
☐ Team meeting to re-assess client/student			
☐ Work order in place to repair hazards/conditions & equipment			
☐ Evaluate change in safety feature or policy for work environment			
☐ Other:			

ADDITIONAL INFORMATION

Provide any additional information important to the investigation (pictures taken, evidence collected).



Completed by:

Building or Department Administrator Reviewed: