

# Supervisor's incident investigation report

## Injured employee information

Name — print last, first, middle initial: \_\_\_\_\_

ASU 10-digit employee ID: \_\_\_\_\_ Job title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Incident description

Date of incident: \_\_\_\_\_ Time of incident — include a.m. or p.m.: \_\_\_\_\_

Time employee began work before incident.

Describe the incident—examples include fell from six-foot ladder, slipped on wet sidewalk, struck head, bumped elbow, chemical in eye, etc.:

Incident location—include campus, building, room number, physical address:

Describe the type of injury—examples include cut, bruise, muscle strain and area of the body affected: What was the employee doing before the incident occurred?

Describe the activity, as well as the tools, equipment or materials the employee was using.

Describe what the employee was wearing. Was the employee wearing personal protective equipment? What were the weather conditions?

Did the employee receive medical treatment? Only check one box.

Yes  No  Only first aid

Where was the employee treated—include city and state?

How was the employee transported to treatment?

Did employee miss time from work because of the incident?

Yes  No

If yes, what are the dates and hours per day missed?

**Note:** All records related to any worker's compensation reports associated with this incident must be sent to human resources. Please fax all related records to 480-993-0007.

**Witnesses**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Supervisor information**

Print name:

Title:

Department:

Phone number:

Corrective action—e.g., employee coaching, training; modification of conditions: repairs, removals, etc.:

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager or director signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Only EHS — investigative action:**