



Supervisor's Incident Investigation Report

Office: 480-965-1823 | FAX: 480-993-0007

DATE OF INCIDENT:

TIME OF INCIDENT:

a.m. p.m.

EMPLOYEE INFORMATION

Name (Print Last, First, MI):

ASU Employee ID (10 digits):

Job Title:

INCIDENT INFORMATION – SUPERVISOR TO COMPLETE

Incident Location (campus, building, room no., if applicable):

What PPE was the employee wearing?

Incident Description (i.e., fell from six-ft. ladder, slipped on wet sidewalk, struck head, bumped elbow, chemical in eye, etc.) and Type of Injury (i.e., cut, bruise, chemical inhalation, etc.):

What was the employee doing (i.e., installing ballast, walking to building, emptying trash, carrying tools, pouring liquid, etc.)?

Weather conditions:

WITNESSES

1.

2.

MEDICAL

Was the employee given medical treatment? YES NO First Aid Only

Where was the employee treated?

How was the employee transported to treatment?

SUPERVISOR INFORMATION

Name (Print):

Title:

Department:

Contact No.:

Corrective Action (i.e., Employee: Coaching, Training; Conditions: Repairs, Removals, etc.):

Supervisor Signature:

Date:

Employee Signature:

Date:

EH&S ONLY (Investigative Action)