Georgia Administrative Services

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Workers' Compensation Supervisor's Investigative Report

This form should be completed by the supervisor when an employee is involved in an on-the-job accident resulting in injury, illness, or is exposed to an on-the-job environmental health hazard. When completing this form, the supervisor should examine the cause of the accident with the understanding that his or her answers will serve as learning opportunities to prevent similar accidents from occurring in the future. If extra space is needed to complete your explanation(s), please attach additional sheet(s).

Employee's Name: _____ **Employee #:** _____

Department: _____ **Job Title:** _____

Shift Hours: _____ **Shift Days:** _____ **Scheduled Off Days:** _____

Employee Status

- ☐ Full Time
- ☐ Part Time
- ☐ Temporary/Seasonal

Accident Classification

- ☐ First Aid Only
- ☐ Physician Visit or Hospitalization

Date of Accident: _____ **Time of Accident:** _____ ☐ AM ☐ PM

Where did accident occur? _____

Address

_____ _____ _____

City *State* *Zip Code*

Was the employee injured while working normal shift hours? ☐ Yes ☐ No

Injured while on break or lunch? ☐ Yes ☐ No Injured while traveling to or from work? ☐ Yes ☐ No

Was the employee provided instructions or training on how to correctly perform the task being performed at the time of the accident? ☐ Yes ☐ No

If yes, when did the instruction or training take place? _____

mm / dd / yyyy

What specific part of the employee's body was affected by this injury? Indicate left or right side where appropriate.

1. _____ **2.** _____

3. _____ **4.** _____

What safety equipment is required for the particular job that the employee was working on at the time of injury?

Was employee using proper safety equipment at the time of incident/accident/injury? ☐ Yes ☐ No

Explain what occurred during this accident as it was described to you by the employee:

As a supervisor do you agree with the employee's description of the accident? ☐ Yes ☐ No *If no, explain below:*

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What condition(s) caused or contributed to this accident/incident or injury? For example, was it a tool; equipment part; wet floor(s); or a result of actions of an employee(s) or other person(s), etc.?

Did a tool or other piece of equipment malfunction? ☐ Yes ☐ No

Had there been any reports of the tool/equipment needing repair prior to the accident? ☐ Yes ☐ No

Did Department Head or authorized official authorize appropriate proper repairs? ☐ Yes ☐ No *If yes, provide the following:*

Name of person/company that repaired item

Date of repair

Address

City / State Zip Code

Telephone Number

Were there any witnesses to this accident? ☐ Yes ☐ No

List each witness below and attach any accompanying witness statement to this form:

1. **2.**

3. **4.**

Note: A witness is defined as a person who has first-hand knowledge of the facts of the incident by being present and seeing and/or hearing the incident as it took place.

Were photographs obtained in relation to this accident? ☐ Yes ☐ No If so, by who?

Did the employee's actions violate any policies or procedures? ☐ Yes ☐ No

If yes, list the policy and procedures the employee violated and attach a copy of the corresponding page from the policy manual as a reference.

1. **2.**

3. **4.**

Have any actions been taken to prevent similar accidents/injuries of this kind? ☐ Yes ☐ No

Please explain in detail (e.g. mandatory training required, employee verbally counseled, suspended, etc.):

Print Name (Supervisor) *Supervisor Signature* *Telephone #* *Date*

Print Name (Dept. Head) *Department Head Signature* *Date*

Safety Officer's Signature *Date*

****

I have read and/or been advised of the information contained in this Supervisor's Investigative Report and agree that all information provided is true and correct.

Print Name (Employee) *Employee Signature* *Date*