

# Supervisor's Investigation Report

Confidential/For internal company use only

ALL ITEMS MUST BE FULLY ANSWERED  
use additional pages as needed

**WORKER'S COMPENSATION FRAUD IS A FELONY; REPORT SUSPECTED FRAUD TO THE INSURANCE COMPANY**

WHO WAS INVOLVED

Injured Employee Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WHAT HAPPENED

Task being performed at time of incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  AM  PM Date Reported: \_\_\_\_\_

Shift:  AM  PM  Night  Other Was the Employee on Overtime:  Yes  No Time Shift Commenced: \_\_\_\_\_

Incident Location (specific area) \_\_\_\_\_

Witness(es) to Incident: \_\_\_\_\_

Description of event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe property damage associated with the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY DID IT HAPPEN

INVESTIGATION

Date of Investigation: \_\_\_\_\_ Person(s) Making Investigation: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Who was immediately in charge at the time of injury: \_\_\_\_\_

Please explain training that was provided to perform the task and when it was last provided: \_\_\_\_\_

Is there a written procedure describing how to safely perform the task? Explain: \_\_\_\_\_

Equipment involved: Type \_\_\_\_\_ Model No \_\_\_\_\_ Manufacturer \_\_\_\_\_

Immediate Cause: \_\_\_\_\_

ROOT CAUSE ANALYSIS – Why the incident occurred

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action

Describe action that has been taken and what actions remain to be taken. List interim or temporary actions. Any delayed actions should be explained.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Safety Committee Review: \_\_\_\_\_

Date: \_\_\_\_\_

Verification that correction is complete:

Senior Manager: \_\_\_\_\_

Date: \_\_\_\_\_

VERIFICATION THAT ACTION HAS BEEN TAKEN