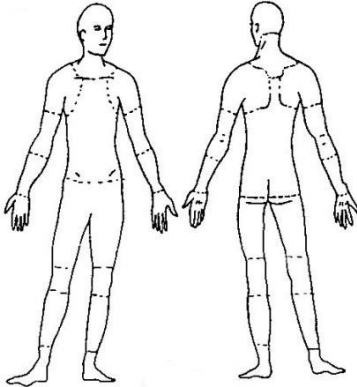


**SUPERVISOR INCIDENT REVIEW/CORRECTIVE ACTION REPORT – Page 1 of 2**

Disclaimer: The specific needs, practices, form of government and other operational procedures of your governmental entity may impact whether this example is appropriate for your use. PennPRIME recommends that you review the final product before using it, and adapt it as necessary.

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time/Restricted <input type="checkbox"/> Medical Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of Incident:		Name(s) of Corrective Action Team Members:	
Date of Investigation:			
<b>Step 1: Injured Employee (complete this part for each injured employee)</b>			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:		Job title:	Supervisor:
Part of body affected:		Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
 (shade all areas that apply)			Months with this employer:
			Months doing this job:
Was medical treatment provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider's Name:	Address/Phone:
Describe treatment and any restrictions:			
<b>Step 2: Describe the Incident</b>			
Exact location of the incident:			Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other _____			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step, the events that led up to the injury and what action could have been taken to prevent the incident. Include names of any machines, parts, objects, tools, materials and other important details, and the potential or likely cause(s) and contributing factor(s).			

**SUPERVISOR INCIDENT REVIEW/CORRECTIVE ACTION REPORT–Page 2 of 2**

List the reasons why the potential or likely causes or contributing factors existed to help ensure those causes or contributing factors do not recur. Continue on back.
Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, describe:
Were the unsafe acts or conditions reported prior to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, when (approx.), to whom, and what corrective action was taken at that time?
Have there been similar incidents or near misses prior to this one? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, when (approx.) and what corrective action was taken at that time?

<b>Step 3: Corrective Actions - How can future incidents be prevented?</b>				
For each of the identified potential or likely causes and contributing factors above, list specific actions that will be taken to correct the deficiencies, who is responsible, and when it will be completed:				
Corrective Action	Person Responsible	Target Date	Completion Date	Verified By