

## NORTH CAROLINA SUPERVISOR INCIDENT INVESTIGATION REPORT

Instructions: Begin investigation within 24 hours and attach the Employee Incident Report and Witness Reports to this report. Forward all reports within 72 hours to the Program Administrator. If more room is needed, continue in a Word document and attach it to this submission.

Agency/University:	Date of Incident:
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Employee Name:	Employee Phone #:
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Incident Supervisor:	Supervisor Phone #:
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Incident Classifications (check all that apply)

Near Hit     
  Injury     
  Fatality     
  Property Damage     
  Spill     
  Possible Blood Borne Pathogen exposure

Employee required:

First-Aid Only     
  Medical treatment and released     
  Hospitalized     
  Other:

Employee:

Returned to work no restrictions     
  Returned to work with restrictions     
  Did not return to work (Lost Days)

Hazard Types (select one based on origination of injury in this preference order)

Violence or injuries caused by people or animals     
  Transportation     
  Fires or Explosions  
 Slips, Trips, Falls Surface Level     
  Fall from Elevation     
  Exposure to harmful substances or environment  
 Contact with objects or equipment (Struck By, Struck Against, Caught-on, Caught between, Puncture, Cut)     
  Over-Exertion (lifting)  
 Bodily Motion (reaching, twisting, running)     
  Other (List Here):

Names of Witnesses Interviewed:

**Incident Information**

Describe the specific activity the employee was engaged in and the sequence of events. Include objects or substances that directly injured or made the employee ill. Describe tools, equipment, and PPE in use. Describe property damage. Attach pictures or police reports. Describe the estimated damage to any vehicles or equipment (make, model, ID number, etc.)

Is the activity part of the employee's normal job?	<input type="checkbox"/> Yes <input type="checkbox"/>	Prior to beginning activity, did the employee review potential hazards/dangers?	<input type="checkbox"/> Yes <input type="checkbox"/>	Date employee last received training for the activity	/ /
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**ACCIDENT BREAKDOWN BY CHARACTERISTIC**  
(check all that apply)

Nature of Injury	Part of Body Affected
<input type="checkbox"/> Amputation or Enucleation	<input type="checkbox"/> No Physical Injury
<input type="checkbox"/> Assault	<input type="checkbox"/> Head
<input type="checkbox"/> Burn or Scald	<input type="checkbox"/> Neck
<input type="checkbox"/> Contusion, Bruise	<input type="checkbox"/> Eyes (Including Vision)
<input type="checkbox"/> Electric Shock	<input type="checkbox"/> Arm(s) (Above Wrist)
<input type="checkbox"/> Eye, Foreign body in	<input type="checkbox"/> Hand(s) (Including Wrist)
<input type="checkbox"/> Fracture, Broken Bone	<input type="checkbox"/> Finger(s) and Thumb(s)
<input type="checkbox"/> Freezing, Frostbite	<input type="checkbox"/>
<input type="checkbox"/> Hearing Loss or Impairment	<input type="checkbox"/>
<input type="checkbox"/> Heat Exhaustion, Sunstroke	<input type="checkbox"/>
<input type="checkbox"/> Hernia or Rupture	<input type="checkbox"/>
<input type="checkbox"/> Infection	<input type="checkbox"/>
<input type="checkbox"/> Inhalation Injury-Toxic Substance	<input type="checkbox"/>
<input type="checkbox"/> Insect Bites	<input type="checkbox"/>
<input type="checkbox"/> Laceration (Cut)	<input type="checkbox"/>
<input type="checkbox"/> Multiple Injuries	<input type="checkbox"/>
<input type="checkbox"/> Needle Puncture	<input type="checkbox"/>
<input type="checkbox"/> Rash, From Plants	<input type="checkbox"/>
<input type="checkbox"/> Rash, Not From Plants (Dermatitis)	<input type="checkbox"/>
<input type="checkbox"/> Scratches, Abrasions	<input type="checkbox"/>
<input type="checkbox"/> Sprain, Strains	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>