SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT

1. Entity	2. Date	3. Time AM PM

4. Name: Employee, Vehicle, Building, Etc.

5. Department	6. Location of Incident	7. New Employee/Equipment or Operation? Yes No

8. Type of Incident (Check All That Apply)

_____ near miss
_____ property damage
_____ equipment damage
_____ fire/explosion
_____ employee injury/ illness
_____ vehicular accident
_____ potential hazard
_____ entity premises incident
_____ other

9. If the incident involves damage to non-entity property or injury to persons who are not entity employees, contact your Risk Manager, internal Claims Contact or Entity Attorney before completing this form.

10. Describe what took place or what caused you to make this investigation. Get all the facts by studying the hazard or situation involved.

Ask the following questions:

Who? _____ What? _____ When? _____ Where? _____ How? _____ Why? _____

11. What should be done to prevent a recurrence?

Circle the following items that require additional attention:

Admin./Mgt.	Environment	Equipment	Material	People
Policies	Weather	Selection	Selection	Selection
Procedures	Housekeeping	Arrangement	Placement	Placement
Scheduling	Temperature	Use	Handling	Training
Purchasing	Noise	Maintenance	Process	Coaching
Logistics	Light	Availability	Availability	
	Toxic/Hazardous Material	Convenient Appropriate		

12. What actions have been taken?

Take or recommend action, consistent with your authority.

13. How will corrective actions improve conditions or behavior?

14. Investigated By	Title	Date	15. Reviewed By	Title	Date

The Colorado Intergovernmental Risk Sharing Agency (CIRSA) and its members do not by preparing, furnishing or accepting this Supervisor's Accident/Incident Investigation Report or any attached documents admit any liability for injury or damages arising out of the incident described herein or the accuracy of any information included herein. This report is not intended to comply with the notice requirements of the Colorado Governmental Immunity Act.