



Supervisor Incident Evaluation Report

Please complete all items

Incident date: _____ Time: _____ AM PM Time started work: _____ AM PM

Date staff member made report: _____

Name of staff member: _____ Title: _____

Badge: _____ Location: _____

Was there an injury? Yes No Was Surveillance contacted? Yes No

What body part was injured? _____

What happened? _____

What caused this incident? _____

Were safety devices or Personal Protective Equipment in place and in use? Yes No

Was someone else responsible? Yes No Explain: _____

What device was staff member using? _____

Was it inspected after the incident? Yes No By whom? _____

Was it defective? Yes No Taken out of service? Yes No Date last inspected: _____

Did the staff member know the procedure for the task they were performing? Yes No

Were they trained on how to use the item? Yes No Date of training: _____

Was the staff member authorized to perform the task? Yes No

What was employee's explanation of why this incident occurred: _____

Supervisor's name

Supervisor's signature

Today's date: _____