SUPERVISOR'S INJURY OR ILLNESS INCIDENT REPORT

UNLV
UNIVERSITY OF NEVADA LAS VEGAS

The supervisor completes this form immediately after being notified of any work-related accident or incident (injury, illness, vehicle accident, property damage, or near-miss incident) and forwards this form to Risk Management and Safety within two working days. Provide enough data that anyone reading the report, who is not familiar with the incident, can understand what happened. For near-miss incidents, complete Parts One and Four. For any employee injury while working complete form C1.

PART ONE

1. Department	2. Date of incident	3. Time (Military)	4. Location	5. Date you were notified

6. Employee name:	Job classification:	☐ Male ☐ Female
7. Job being performed at the time of the incident	8. Experience on this job or this equipment ☐ Under 3 months ☐ 3 to 12 months ☐ Over 12 months	
	9. Length of employment ☐ Under 3 months ☐ 3 to 12 months ☐ Over 12 months	

PART TWO- INJURY OR ILLNESS

10. Body part(s) involved	☐ Left ☐ Right	11. Injury or illness	12. Object, equipment, or substance causing injury

PART THREE - VEHICLE OR PROPERTY DAMAGE

13. Description of vehicle or equipment	14. Vehicle equipment ID	15. Cause of damage

16. What were you doing at the time of the incident?	17. Estimated repair or replacement cost	18. Seat belts in use? ☐ Yes ☐ No ☐ N/A

PART FOUR - DESCRIPTION OF EVENTS,CAUSES, AND ACTIONS TO PREVENT RECURRANCE

☐ (Mark the box if additional sheets are used to add more detail.)

19. Describe how the accident or incident occurred:

20. What acts, failures to act, or conditions, contributed to this accident or incident?

21. What is the root cause for the conditions described in question 20 above?

22. What action will be taken to prevent a recurrence of this incident or accident?	Implementation Date(s):

23. Preventable ☐ Yes ☐ No	24. Witnesses 1 _____ 2 _____ 3 _____

25. Investigating Supervisor:	Phone:	Signature:	Date:
26. Department Manager	Phone:	Signature:	Date:
27. Reviewing Safety Representative	Phone:	Signature:	Date:

Distribution : Original - UNLV and NSC: Occupational Safety Office, MS1042
CSN: Environmental Health/Safety Office, Sortcode W2K

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