SUPERVISOR'S INCIDENT INVESTIGATION REPORT

Name of Employee: _____

Job or Activity at Time of Incident: _____

Date of Incident: _____ Time: _____

Exact Location: _____

1. **WHAT HAPPENED?** (Describe what the employee was doing, how the incident occurred, and what caused the incident.)

2. **WHY DID IT HAPPEN?** (Get all the facts by studying the job and situation involved. Use the following operation factors to help identify the condition responsible: Improper Equipment Selection, Improper Material Selection, Improper Personnel Selection, Improper Arrangement, Improper Use, Improper Placement, Improper Handling, Improper/lack of Training, Improper Maintenance, Lack of Supervision.)

3. **WHAT SHOULD BE DONE?** (What action(s) will prevent similar incidents in the future?)

4. **WHAT HAVE YOU DONE THUS FAR?** (Take or recommend action, depending on your authority.)

5. **HOW WILL THIS IMPROVE OPERATIONS?** (How will it help us meet our objective: LOSS PREVENTION?)

6. **WHAT IS YOUR ROUGH ESTIMATED COST OF THIS INCIDENT?**

Cost of lost wages and medical expenses: _____

Damage to State property or equipment: _____

Damage to third parties, property and people: _____

Total: _____

Supervisor's Signature: _____ Date: _____

Department / Division / Unit: _____

Mail completed report to:
DNRC
Attn: Safety Officer
1539 11th Ave, P.O. Box 201601
Helena MT 59620-1601