

Supervisor's Instructions and Responsibilities

Form to be completed by the supervisor:

1. Supervisor Incident/Accident Investigation.

Reporting an Injury:

When an employee reports an injury, and the injury could be life threatening/limb threatening dial 911 to ensure medical assistance is on the way. Next, notify the Risk Management team, then call Company Nurse.

If an injury is not life threatening/limb threatening, call Company Nurse then notify Risk Management.

When calling Company Nurse, please provide them any factual information you have about the incident. If you do not provide Company Nurse with information, you must email Risk Management with any factual information that you gather. Do this within 24 hours from the time you are aware of the incident.

Employee Forms:

1. Employee's Report of Injury.
2. Witness Statement. This form is for witnesses to complete, if applicable*.

Please provide the employee instructions and forms to the injured employee at the time of the injury.

* If you are on-site while the incident occurred, please ask any employee witnesses to fill out a witness statement form.

Supervisor Responsibilities Regarding Injured Employees.

If you receive a medical provider note relating to the work injury from the employee, please forward it to Risk Management.

Instructions for the Supervisor Incident/Accident Investigation Form

Purpose of Form: Effective loss control efforts require documentation of incidents and accidents to determine hazards or problem areas, procedures, or systems and to identify trends. Thorough investigation is required to determine the facts surrounding events so that remedial action can be taken, if required. The Supervisor Incident/Accident Investigation provides initial information required for the investigation.

Completed by: The immediate supervisor of the injured employee.

A. Employee Data

Complete the top of the form with the identifying information and the date and time of the incident/accident.

B. Incident Description

Attachment 1 contains benchmarked accident investigation procedures. Sufficient action is necessary to ensure that all facts surrounding the incident/accident are obtained so that effective loss control procedures can be established to protect against future incidents/accidents occurring. The form is developed to capture this information and to help the accident investigator come to reasonable conclusions concerning the events.

1. Where did the incident happen? – Go to the scene. Provide a visual image of the location of the incident. The reader should be able to visualize the area and the surrounding environment.
2. What was happening at the time of the incident? – Document the sequence of events leading up to the incident/accident. Include names of people interviewed and activities surrounding the event.
3. Describe any injury incurred, body parts and kind/s of injury/ies. – Through interview with the affected employee, determine what kinds of injuries were sustained and what body parts were involved.
4. What exactly caused the physical injury, or if an injury was avoided, what could have caused an injury? – What were the mechanics that caused the injury or could have caused an injury? Were procedures followed? Are the procedures faulty? Was equipment in good repair? Were there environmental hazards?

C. Investigation Results

5. After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?

D. Corrective Action

6. What is recommended to help prevent this type of incident/accident from occurring again? Provide short term and long-term corrective actions that will prevent or eliminate the hazardous condition, unsafe work practice, and root causes
7. Who will be contacted concerning recommended action to ensure follow-up? Completion of this section ensures that the management staff involved knows that action has been taken to remedy the hazardous condition.

Supervisor Incident/Accident Investigation

A. Employee Data				
Date of Incident:		Time:		A.M P.M.
Employee Name:		Dept.:		
Job Classification:		Division:		
Employee Contact #:	Home		Work	
Supervisor Contact:			Wk. #	
B. Incident Description				
<p><i>Obtain written and/or recorded statements from injured employee. What happened? What caused the accident? What were the contributing factors? Reconstruct the sequence of events that led to the injury. Attach additional sheets if necessary. This document becomes an accounting of the facts surrounding the incident/accident. When documenting the facts, include answers to the following questions:</i></p>				
<ol style="list-style-type: none"> 1. Where did the incident happen? Provide a full description of the surroundings of the location. 2. What was happening at the time of the incident? What were the events leading up to the incident? 3. What exactly caused the physical injury? What were the mechanics involved? Or, if a physical injury was avoided, what could have happened to cause an injury? 4. Describe any injury incurred by the employee, what body part/s and what kind/s of injury/ies. If there are no injuries, so state. 				

C. Incident Findings			
After review of all facts, what was the hazardous condition, unsafe work practice or other root cause of the incident/ injury?			
D. Corrective Action			
What is recommended to prevent this type of incident/accident from occurring again?			
E. Injured Employee Background Information (Complete for all accidents/Incidents involving a City employee.)			
	Yes	No	N/A
1. Did you know employee was doing this job?	_____	_____	_____
2. Was the employee trained to do this job? If yes, when? _____	_____	_____	_____
3. Was the training adequate and complete?	_____	_____	_____
4. Has the employee done the job correctly in the past? If no, has employee ever been corrected/retrained?	_____	_____	_____
5. Was personal protective equipment needed for job? Was it used? Was it used correctly?	_____	_____	_____
Signature of Accident Investigator	Date	Time	

For Risk Management Use

Internal Original: Risk Manager or Risk Management Contact

Distribution:

**Maintain one copy in any retrievable format in the site file for a minimum of 3 years,
or in the case of an occupational illness or injury, for 30 years.**

ACCIDENT INVESTIGATION BEST PRACTICES

I. Fact-Finding

1. Emphasis is placed on gathering facts; not to place blame or determine the cause of accident.
2. Inspect the accident site before any changes occur.
3. Preserve essential and critical evidence.
4. Take photographs and/or make sketches of the accident scene.
5. Interview the injured employee and witnesses as soon as possible after an accident. Record pre-accident conditions, the accident sequence, and post-accident conditions.
6. Document the location of injured employee, witnesses, machinery, equipment, energy sources, and hazardous materials.
7. Ask *who, what, when, where, why, and how* during interviews.
8. Re-interview injured employee and witnesses to resolve conflicting accounts of the accident.
9. Remain completely objective during interviews and in documentation – no opinions, just the facts.
10. Keep complete and accurate notes.

II. Interviews

1. Get preliminary statements from victims and witnesses as soon as possible.
2. Explain the purpose of the investigation (accident prevention) and put each witness at ease.
3. Let each witness speak freely and take notes without distracting the witness.
4. Record the exact words used by the witness to describe each observation.
5. Be sure that the witness understands each question.
6. Identify the witness completely (name, occupation, years of experience, phone number).
7. Supply each witness with a copy of his or her statement (signed statements are desirable).

III. Accident Reconstruction

1. Develop a sequence of events from the information obtained from the victims and witnesses.
2. Identify hazardous conditions present during the accident.
3. Identify unsafe work practices present during the accident.
4. Identify system issues that caused or contributed to the accident.
5. Determine root causes of the accident by 5 Why, Fishbone, or other methods.

IV. Investigation Reporting

1. Provide complete, thorough information about the accident (the *who, what, when, and where* data).
2. Describe the accident. Document the sequence of events of the accident. Identify the extent of damage to the employee and/or property.
3. Identify hazardous conditions and/or unsafe work practices for each event of the accident.
4. Identify the root cause of each hazardous condition or unsafe work practice.
5. Provide short-term and long-term corrective actions that prevent or eliminate the identified hazardous conditions, unsafe work practices, and root causes.
6. Describe the corrective actions recommended, the persons who are accountable for each corrective action, and the approximate time frame for correction.

V. Corrective Actions

1. Recommend immediate corrective actions to eliminate or reduce hazardous conditions and/or unsafe work practices.
2. Recommend long-term corrective actions that correct policies, programs, plans, processes, and/or procedures.
3. Recommend engineering controls, administrative controls, and/or personal protective equipment.
4. Estimate the cost to implement each immediate and long-term corrective action.
5. Develop an action plan for each corrective action.
6. Monitor implementation of the action plan to ensure appropriate corrective action is taken.

Employee's Instructions and Responsibilities

Forms to be completed by the employee:

1. Employee's Report of Injury

Reporting an Injury

An employee should report an injury or job-related illness to the immediate supervisor as soon as possible or within 24 hours of the incident, whichever is shorter.

Responsibility of the Employee while on Medical Leave

It is the employee's responsibility to keep in weekly contact with the supervisor when the employee has been removed from work by a physician. The employee must submit a Work Status Report indicating the specific dates the employee is unable to return to work.

An employee may be placed on leave of absence without pay when available paid leave is exhausted.

Family Medical Leave Act (FMLA)

If the employee is removed from work by a physician, then the employee should apply for FMLA. If an employee is approved for FMLA the employee will be allowed to keep the state contribution for his/her health insurance and be restored to the same or equivalent position for up to 12 weeks.

Insurance While on Leave Without Pay

If an employee's insurance must be canceled for non-payment of premiums while the employee is on LWOP, insurance will be reinstated once the employee returns to work.

Returning to work

Employees are expected to report to work immediately at the beginning of their regularly assigned work shift upon release from a physician. The employee must bring a Work Status Report with them to submit to their supervisor when returning.

EMPLOYEE'S REPORT OF INJURY

Dear Employee:

We have received a report that you were injured in the course of your employment. Please fill in all lines completely and print legibly. **Attach additional sheets if necessary.**

Name: _____

 Last First MI

Supervisor's name: _____

Department and Division: _____

Home Phone Number: _____

Mobile Phone Number: _____

Employee ID: _____

Date of Injury: _____ Time of Injury: _____

Work Schedule: _____

Email Address: _____

1) What was the exact location of the accident (street address and/or cross street if possible):

2) Describe the accident. What was happening at the time? (Please be as detailed as possible; what was going on around you, what were you doing, what were other people doing)

3) Briefly describe what exactly caused the injury:

By affixing my signature, I attest that all information on this form is accurate and true.

Signature: _____ Date: _____

Instructions

Employee's Report of Injury

Purpose of Form:

The injured employee completes this form to provide Risk Management with information pertaining to the circumstances surrounding the injury.

Filing Deadline:

The form must be received by Risk Management no later than the 2nd calendar day after the first notice of injury is reported to the department.

Completed by:

This form shall be completed by the injured employee with assistance from the supervisor, if needed.

Instructions:

1. The employee will address each of the questions completely and is to use additional pages if necessary. Risk Management needs a complete picture of the events surrounding the injury and how the injury occurred as well as witnesses' names and phone numbers.
2. The injured employee will sign and date the form thereby attesting that all information on the form is true and complete.

Distribution

The supervisor shall send or email the original to:

Risk Management
701 E. Carson St.
Carson, CA 90745

Or

riskmgmt@carsonca.gov

WITNESS STATEMENT
MUST BE TYPED OR PRINTED

Injured Employee Name: _____ Date of Injury: _____

Witness Name: _____

Witness Email Address: _____

Primary Telephone: _____

Witness Employer: _____

On _____ (date), at about _____ (time) in the a.m. / p.m., I was in or at _____ when an incident involving the above employee is reported to have occurred.

SELECT CHOICE A, B, OR C BELOW:

Check only *one* box:

A. I saw the incident. The incident occurred in the following manner:

Other pertinent information and source:

B. I did not see the incident. Information given to me by (name of person):

Indicate how it occurred:

Other pertinent information and source:

C. I know nothing whatsoever about the incident.

Signature

Date

Instructions for Witness Statement

Required:

Immediately after receiving notice of any injury, the supervisor should determine the names, addresses, and telephone numbers of all witnesses to the incident. A statement should be taken from each witness and forwarded to Risk Management.

Filing Deadline:

The form must be received by Risk Management no later than the 5th calendar day after the first notice of injury is reported to the department.

Completed by:

This form should be completed by the person giving the statement with assistance from the supervisor.

Instructions:

1. Be as specific and complete as possible.
2. Except for the witness signature, the statement should be typewritten, if possible. If it must be handwritten, PLEASE PRINT to ensure legibility.
3. The witness may have actually seen the incident or may have acquired knowledge about the accident from another source. The witness information may relate to how the incident occurred or to something else that is relevant. Sometimes you will be given a witness name but, when asked, the witness may deny any knowledge of the incident. In such a case the third box should be checked.
4. If the space provided on the form is insufficient, please attach additional information.

Distribution

The supervisor shall send or email the original to:

Risk Management
701 E. Carson St.
Carson, CA 90745

Or

riskmgmt@carsonca.gov