

VIRGINIA DEPARTMENT OF FIRE PROGRAMS
SUPERVISOR'S INVESTIGATION REPORT

This report and investigation must be completed within 24 hours of the accident or incident. The employee should have already submitted their Accident/Incident Report for your review. Please use additional paper as necessary.

Supervisor's Investigation of the Accident: If you do not agree with the employees report, notify The Chief Safety Officer, Human Resources and / or the Workers' Compensation Services immediately, and provide details with this report.

A. Describe any UNSAFE Acts:

B. Describe any UNSAFE Conditions:

C. Identify the Cause(s) of the Accident:

PART IV - Corrective Action Taken

(What have you done or what do you recommend to prevent a recurrence of a similar accident?)

Has it been done? _____ if not, give reason: _____

PART V – Accident Analysis Details

Type of Report: Vehicle Accident Injury Incident Near Miss

Severity of Injury / Damage: Fatality Lost Workdays Medical Treatment (off premises) First Aid (On site) Property Damage (Amount) _____

Panel of Physicians List provided to Employee: Yes – Attach Copy to this report No

Time in Occupation at time of accident:

Less than 6 months 6 mos. To 2 years 2 to 5 years More than 5 years

Resulted from: Office Work Off Site Work Logistics Work Training Activities

Incident occurred during high risk training activity (Live Fire, TRT):

Yes Type: _____ No

Determination of Accident/Incident: Preventable Non-Preventable

Prepared by Supervisor: (Name & Title)	Signature	Date:
Reviewed by Chief Safety Officer: (Name & Title)	Signature	Date:
Reviewed by Safety Committee: (Name & Title)	Signature	Date:

Follow – up Action recommended (if any): _____

