

CITY OF SAN BRUNO

SUPERVISOR'S INCIDENT/ACCIDENT INVESTIGATION REPORT

In order to prevent accidents, we must know how and why they occur. State facts as accurately as possible. Submit your report to the City Manager's Office within 24 hours. If more space is needed, attach additional sheets.

<u>Department or Division</u>	<u>Name of Immediate Supervisor Making Report</u>	<u>Phone Number</u>
<u>Location of Incident</u>	<u>Date of Occurrence</u>	<u>Time</u>
		<u>Date Reported</u>

PERSONAL INJURY

PROPERTY DAMAGE

<u>Injured's Name</u>		<u>Property Damage</u>
<u>Occupation</u>	<u>Injured Part of the Body</u>	<u>Estimated Costs</u>
<u>Nature of Injury</u>		<u>Nature of Damage (If None, Please State)</u>

Describe in Detail, How the Incident Occurred

What Acts and/or Conditions Contributed Most Directly to this Incident?

In Detail What Action Has or Will be Taken to Prevent Recurrence

Please Check ALL That Apply

- Inadequate Training
- Inadequate equipment/tools
- Inadequate protective gear
- Poor housecleaning
- Inadequate facility maintenance
- Inadequate equipment maintenance
- Employee physical limitations
- Poor planning, design, layout
- Inadequate procedure
- Failure to follow procedures
- Emergency / haste
- Hazard exposure / haste
- Environmental factors
- Act of another
- Vandalism
- Horseplay
- Inattention
- Insufficient information
- Unknown cause
- Assault
- Vegetation (poison oak / Ivy)

Est. Date Condition Will Be Corrected

Has Employee Returned to Work

<u>Signature of Immediate Supervisor</u>	<u>Date</u>	<u>Investigated Incident?</u>
<u>Signature of Department Director</u>	<u>Date</u>	<u>Information Given Complete & Correct?</u>

Copies: ____ City Manager ____ Department ____ TPA ____ Employee