

JEFFERSON COUNTY
SUPERVISOR INVESTIGATION REPORT

Employee Name: _____ Date of Incident: _____

Location of Incident: _____

Type of Incident (Auto, Injury, Illness, etc.): _____

Time of Accident _____ am _____ pm Date/Time Reported ___/___/_____ _____ am _____ pm

Account of Incident (include sequence of events and all pertinent data, type of incident, and details of injury, if appropriate, etc):

Use additional paper if needed

What unsafe act and/or unsafe condition contribute to this incident?

Use additional paper if needed

What corrective measures have been taken to prevent future incident?

Use additional paper if needed

Supervisor Signature: _____ **Date Prepared:** ___/___/_____

Department Head Signature: _____ **Date:** ___/___/_____