NEVADA SYSTEM OF HIGHER EDUCATION
Business Center North
Workers Compensation Department

Supervisor Accident/Injury/Incident Investigative Report

Department: Department Location:

Employee Name: Date of Incident/Injury:

Sex Employment Status: ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Temporary ☐ Volunteer

Job Title of Regular Assigned Position: Length of Time In This Position:

Was Employee Performing Regular Job Functions? ☐ Yes ☐ No If Not, Explain:

Was Employee Working Overtime? ☐ Yes ☐ No If Yes, Explain:

Notice of Injury "C-1" Form Completed: ☐ Yes ☐ No Injury Reported to: Date Reported:

Location of Accident/Incident: Time of Accident/Incident:

Body Part/s Injured: Type of Injury:

Severity of Injury/Action Taken: ☐ No Action Taken ☐ First Aid Only ☐ Dr. Visit ☐ Emergency Care ☐ Urgent Care

Does the Employee have Restricted Duty? ☐ Yes ☐ No Did Employee Lose Time From Work? ☐ Yes ☐ No

Describe in Detail What Happened:

Has the Employee Received Training for This Type of Incident? ☐ Yes ☐ No If Yes, When?

Describe any Equipment Damage and Associated Costs:

WITNESSES: (Please Include written statements. If non-State employee, include work or home address)

Name Job Title Telephone

Name Job Title Telephone

Name Job Title Telephone

Name Job Title Telephone

CAUSES OF ACCIDENT/INJURY: Section 1 - Mark All That Apply ***D= Direct Cause*** ***C= Contributing Factor***

Environmental		Work Conditions		Personal Factors	
Weather Conditions		Poor Housekeeping/Clutter		Unsafe Act	
Heat		Defective Equipment/Tools		Lack of Knowledge/Skill	
Cold		Inadequate Workspace		Improper Motivation	
Noise		Uneven/Wet Walking Surface		Inadequate Planning	
Smoke/Fumes		Inadequate Protection Equip.		Fatigue/Stress	
Dust		Inadequate Lighting		Deviation From Procedure	
Third Party		Inadequate Ventilation		Violation of Safety Rule	
Other		Other		Other	

CAUSES OF ACCIDENT/INJURY: Section 2 - Mark All That Apply ***D= Direct Cause*** ***C= Contributing Factor***

Job Factors		Management Issues	
Poor Work Area Set up/Design		Insufficient Planning	
Improper or Inadequate Equip/Tools		Budgetary Constraints	
Lack of Procedures/Safety Rules		Insufficient Training	
Maintenance Issues		Safety Issue Not Prioritized/Emphasized	
Inadequate Safety Inspections		Insufficient Enforcement of Safety Rules	
Inadequate Resources		Understaffed	

CAUSES OF ACCIDENT/INJURY: Section 3 - COMPLETE ONLY FOR SLIPS, TRIPS AND FALLS - REQUIRED

Please Include a Photograph of the Specific Location and Anything That May Have Caused the Slip, Trip or Fall.

Was There a Specific Hazard That May Have Caused the Injury/Accident? ☐ Yes ☐ No

If Yes, Explain

Did the Employee's Footwear Contribute to the Accident/Injury? ☐ Yes ☐ No

Is the Location Specific to the Employee's Immediate Work Area? ☐ Yes ☐ No

If Yes, How Often Does the Employee Walk Through the Area on an Average day?

Is This Location Accessed By the Public? ☐ Yes ☐ No

CORRECTIVE ACTION PLAN (Include Immediate, short term and long term plan) *

Immediate Action:

Assigned To: Date Completed:

Short Term Plan

Assigned To: Date Completed:

Long Term Plan:

Assigned To: Date Completed:

Additional Information:

Printed Name: Date:

Signature:

** THE CORRECTIVE ACTION PLAN SHOULD BE DIRECTED TOWARD PREVENTING FUTURE ACCIDENTS THAT ARE SIMILAR IN NATURE BY THE EMPLOYEE ABOVE OR BY OTHER EMPLOYEE'S THAT SHARE RELATED DUTIES.*

Please submit Form to Workers Compensation Department via Fax at 775-784-4363 or via E-Mail at BCNRisk@unr.edu