



**Instructions:**

1. An incident investigation systematically identifies event details and causal factors to determine potential corrective actions that will prevent incident recurrence.
2. Supervisors must investigate any workplace incident (e.g., injury, illness, close call safety-related events such as chemical spill, fires) involving their staff and follow-up with corrective measures and/or actions.
3. The Supervisor's Incident Investigation Report must be completed for the person involved in the incident, and submitted as soon as possible, at minimum within 48 hours of the incident.
4. Email or deliver the completed report to the EHS Office (Facilities or emailPolyEHS@sunypoly.edu).

**SECTION 1 – INCIDENT INFORMATION**

DATE OF INCIDENT	Month	Day	Year	Time of Accident (24 hr):
VICTIM NAME	First	MI	Last	Shift / Company / Group
LOCATION of Incident (e.g.) Department and Workstation				
Position Title and How long on this particular job/task?				
Date and Time Supervisor Notified?				
Is there a completed University Police report for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)				
Did you (supervisor) perform the investigation at the site of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)				
Did "employee" contact NYS Accident Reporting System (ARS) at 1-888-800-0029? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
Brief description of the incident, injury, or illness (e.g. left ring finger contusion, chemical spill):				
Description of the incident and how the incident occurred. (Must include specific task(s) being performed at time of the incident, equipment/tools involved, and materials being handled). Please attach additional information if needed.				
Name(s) of any witnesses to the incident and statements:				

**SECTION 2 – POSSIBLE CAUSAL FACTORS (select all that apply)**

Process/Environmental		Personal	
<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Tool/equipment use or selection
<input type="checkbox"/>	Work procedure or lack thereof	<input type="checkbox"/>	Level of support/assistance
<input type="checkbox"/>	Repetitive motion	<input type="checkbox"/>	Awkward posture(s)
<input type="checkbox"/>	Tool/equipment condition	<input type="checkbox"/>	Personal Protective Equipment (PPE) use
<input type="checkbox"/>	Tool/equipment availability	<input type="checkbox"/>	Following of procedure/instruction
<input type="checkbox"/>	Workstation/area setup	<input type="checkbox"/>	Level of attention to task
<input type="checkbox"/>	Personal Protective Equipment (PPE) availability	<input type="checkbox"/>	Work pacing
<input type="checkbox"/>	Flooring/ground	<input type="checkbox"/>	Awareness of job hazards
<input type="checkbox"/>	Lighting	<input type="checkbox"/>	Level of training
<input type="checkbox"/>	Ventilation	<input type="checkbox"/>	Level of inspection/maintenance
<input type="checkbox"/>	Other and explain:	<input type="checkbox"/>	Level of communication
		<input type="checkbox"/>	Other and explain:

**SECTION 3 – CORRECTIVE ACTIONS**

List all the corrective actions that are planned and/or implemented that will help prevent recurrence of the causal factors and the incident. Supervisors must ensure corrective actions are completed in a timely manner.

Describe the timeline for completion of the corrective actions and by whom:

Any unusual conditions or other relevant details about the incident?

Yes (If yes, please explain)  No

Is the incident investigation and corrective actions complete?

Yes  No

Signature of Supervisor

Date

Signature of EHS Member who reviewed this report

Date