



INDIANA PUBLIC EMPLOYERS' PLAN, INC.
SUPERVISOR'S INCIDENT INVESTIGATION REPORT

(Please Complete All Sections)

1. Company or Location 2. Department 3. Date of Incident/Day of Week

4. Exact Location of Incident 5. Time of Occurrence
am pm 6. Date Reported

7. Name of Injured 8. Occupation 9. Body Part Affected (See Back)

10. Nature of Injury or Illness (See Back) 11. Item Inflicting Injury/Illness 12. Type of Accident (See Back)

13. Person With Most Control of Item 11

14. Description of the Incident

15. Direct Causes of Incident

16. Why Each Cause Exists

17. Actions Taken or Needed to Prevent Recurrence

18. Date Completed

19. Investigated By

20. Date

21. Reviewed By

22. Date