

NORTHWESTERN UNIVERSITY
Office of Risk Management — Claims Manager
Supervisor's Injury or Illness Investigation Report

The purpose of investigating an accident is to find out what caused the occurrence. Once the facts have been learned, appropriate action to control or eliminate the cause can be taken. It is vital that the accident investigation be made as soon as possible after the incident. The greater the interval of time after the accident, the harder it is to get the facts on the occurrence. Evidence is lost, important details are quickly forgotten, and hearsay or opinion are introduced. You are required to investigate the accident of employees under your responsibility. You know the employees, their behavior and attitudes, and the jobs in your department. A thorough investigation of accidents by you shows your employees that you are interested in their safety. Good investigations, followed by corrective action, can promote good relations and boost employee morale. If you need assistance in investigating the accident or in filling out this form, contact the Claims Manager at (847) 491-5582.

1. **EMPLOYEE'S NAME, SOCIAL SECURITY NUMBER, AND DATE OF BIRTH:** Print the employee's full name – last name, first name, middle initial, Social Security number, and date of birth. (If the employee does not have a middle name, put NMI to indicate no middle initial.)
2. **SUPERVISOR'S NAME:** Print your first name, your last name, and your telephone number.
3. **EMPLOYEE'S JOB TITLE:** Give the employee's job title at the time of the accident.
4. **EMPLOYEE'S DEPARTMENT:** Give the specific department/school and division that the employee was assigned to at the time of the accident.
5. **DATE INVESTIGATED:** The date you investigated the accident and filled out this report.
6. **DATE AND TIME OF ACCIDENT:** The date and time when the accident occurred.
7. **DAYS AND HOURS THE EMPLOYEE WORKS:** Provide the days of the week and hours the employee was assigned to work at the time of the accident. (Example: M-F 8:30 a.m. to 5:00 p.m.)
8. **EMPLOYEE'S HOURLY PAY RATE:** Provide the employee's present hourly rate of pay.
9. **HIRE DATE:** Give the date the employee started work with the University. (Example: Hired 6/15/94.)
10. **TIME IN POSITION:** Give the date the employee started working in the job title which he/she was in at the time when the accident occurred. (Example: 6/15/94.)
11. **EMPLOYEE'S STATUS:** Write a description of the employee's employment status. (Include information such as full or part-time, exempt or non-exempt, seasonal, temporary, work study, 12-month position, etc.)
12. **WAS THE ACTIVITY THE EMPLOYEE WAS INVOLVED IN PART OF, OR WITHIN THE EMPLOYEE'S JOB DESCRIPTION:** Review the employee's job description, and answer the question appropriately.
13. **SPECIFIC PARTS OF THE BODY INJURED:** From your investigation and interview with the employee, list the areas of the body which were involved in the accident.
14. **DETAILED DESCRIPTION OF THE ACCIDENT:** If it requires additional space, continue this on a separate sheet of paper. From your investigation, explain what the employee was doing and how the employee was doing it. List any witnesses' telephone numbers, as well as what facts they provided. Show the relationship between the accident and the workday, and the activity the employee was involved in. Did the accident happen right after lunch, etc.? Provide information on material, equipment, or tools involved (with their proper name, age, condition, warnings, etc.). Give details on the personal protective equipment used and how it was worn.
15. **APPROVED METHODS OR PROCEDURES FOR DOING THE TASK IN WHICH THE EMPLOYEE WAS HURT:** Indicate when and who trained the employee. Indicate what the employee did and how this affected the established procedure and the accident. Provide information on how often the employee performed the task in the past.
16. Provide your ideas on what could be done to protect employees from future accidents of this type.
17. Explain what measures are currently being taken to protect employees from this type of accident and when the measures were instituted.



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1. EMPLOYEE'S NAME		EMPLOYEE'S SOCIAL SECURITY NUMBER		EMPLOYEE'S DATE OF BIRTH	
2. SUPERVISOR'S NAME AND TELEPHONE NUMBER		3. EMPLOYEE'S JOB TITLE			
4. EMPLOYEE'S DEPARTMENT			5. DATE INVESTIGATED		
6. DATE AND TIME OF ACCIDENT		7. DAYS AND HOURS THE EMPLOYEE WORKS		8. EMPLOYEE'S HOURLY PAY RATE	9. HIRE DATE
				\$ /HOUR	
10. TIME IN POSITION	11. EMPLOYEE'S STATUS: REGULAR TEMPORARY SEASONAL WORKSTUDY FULL-TIME PART-TIME OTHER				
12. WAS THE ACTIVITY THE EMPLOYEE WAS INVOLVED IN PART OF OR WITHIN THE EMPLOYEE'S JOB DESCRIPTION: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DOES NOT APPLY					
13. SPECIFIC PARTS OF THE BODY INJURED					
14. WRITE A DETAILED DESCRIPTION OF WHAT AND HOW THE ACCIDENT HAPPENED; EXPLAIN SPECIFICALLY WHAT THE EMPLOYEE WAS DOING AT THE TIME OF THE ACCIDENT; WHEN THE TIME OF THE ACCIDENT OCCURRED IN RELATION TO THE WORK DAY; THE EMPLOYEE'S SPECIFIC LOCATION AND POSITION AT THE TIME OF THE ACCIDENT; WHETHER THE EMPLOYEE WAS WORKING ALONE OR WITH OTHERS (LIST WITNESSES); WHAT MATERIALS, EQUIPMENT, OR TOOLS WERE INVOLVED (MSDS, SERIAL, AND MODEL NUMBERS); DESCRIBE THE TYPES OF PROTECTIVE EQUIPMENT REQUIRED AND HOW ACTUALLY USED.					
15. EXPLAIN WHAT STANDARD METHODS OR PROCEDURES EXIST FOR THE TASK THE EMPLOYEE WAS PERFORMING. WHEN AND BY WHOM WAS THE EMPLOYEE TRAINED TO DO THIS TASK. IF THE EXISTING PROCEDURE WAS NOT FOLLOWED, WHAT WAS DONE DIFFERENTLY THAN CALLED FOR BY THE PROCEDURE? WHAT DID THE EMPLOYEE DO, OR FAIL TO DO, THAT CAUSED OR CONTRIBUTED TO THE ACCIDENT? HOW OFTEN DOES THE EMPLOYEE HAVE TO PERFORM THIS TASK?					
16. STATE YOUR IDEAS ON HOW FUTURE ACCIDENTS OF THIS TYPE COULD BE PREVENTED. DESCRIBE CHANGES OR IMPROVEMENTS IN EQUIPMENT, PROCEDURES, BUILDINGS, TRAINING, PERSONAL PROTECTIVE EQUIPMENT NEEDED.					
17. GIVE A DETAILED EXPLANATION OF WHAT ACTIONS HAVE BEEN TAKEN SINCE THE ACCIDENT. TELL WHEN CORRECTIVE ACTION WAS INITIATED AND WHEN IT IS EXPECTED TO BE COMPLETED.					
SUPERVISOR'S SIGNATURE					