

**PUTNAM COUNTY
SUPERVISOR'S INCIDENT INVESTIGATIVE REPORT**

This form is to be completed by the immediate **supervisor** of the involved employee. Investigate each incident immediately after it occurs. Get **“all of the facts”** by studying the job and conditions where the incident occurred. Use additional sheets if necessary. Complete this report and forward it to Human Resources no later than the next working day following the incident. Attach the employee's Notice of Injury and/or Traffic Accident Report (if applicable). Keep a copy of the form in your department's file.

Employee's Name _____ Department _____

Day, Date and Time of Incident _____ : _____ AM/PM Time Workday Began _____ : _____ AM/PM

Indicate how many years, months or days of service: County _____ Department _____ Job _____

Description of Incident: _____

Type of shoes, if slip/trip/fall: _____

Description of Injury: _____

Description of Damage: _____

Estimated Amount of Damage: _____

Drug Screen Required? yes no

Drug Screen Performed? yes no

Witnesses - Indicate whether employee or non-employee and include phone number, department and address (if non-employee).

