



**SECTION IV - To Be Completed by the Supervisor**

Have you reviewed this incident with the employee? Yes  No

Was personal protective equipment or safety equipment required? Yes  No

Was the personal protective equipment or safety equipment properly used? Yes  No

Personal factors as demonstrated by supervisor's investigation (fatigue, slow reaction, lack of knowledge/skill, attitude, overextension, etc.) \_\_\_\_\_

Unsafe Acts	Unsafe Conditions
<input type="checkbox"/> Failure to use personal protection equipment <input type="checkbox"/> Lack of training or knowledge <input type="checkbox"/> Operating without authority <input type="checkbox"/> Failure to warn others <input type="checkbox"/> Operating at unsafe speeds <input type="checkbox"/> Making safety devices inoperative <input type="checkbox"/> Failure to secure objects <input type="checkbox"/> Using unsafe equipment <input type="checkbox"/> Taking unsafe position or posture <input type="checkbox"/> Unsafe lifting or placing <input type="checkbox"/> Horseplay <input type="checkbox"/> Working on moving or dangerous equipment <input type="checkbox"/> Safety rule violation <input type="checkbox"/> Slips and falls <input type="checkbox"/> Other  	<input type="checkbox"/> Combative subject / injury to arresting officer <input type="checkbox"/> Hazardous work procedures <input type="checkbox"/> Hazardous weather or environment <input type="checkbox"/> Defective tools, equipment, etc. <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Improper lighting <input type="checkbox"/> Unsafe design or construction (or ventilation) <input type="checkbox"/> Wet or slippery floor <input type="checkbox"/> Inadequate warning system <input type="checkbox"/> Unsafe dress or apparel <input type="checkbox"/> Improperly guarded equipment <input type="checkbox"/> Hazardous storage or arrangement <input type="checkbox"/> Unsafe substance <input type="checkbox"/> Other  

Contributing Factors \_\_\_\_\_

Recommended solutions on how to prevent a recurrence of this type of injury (equipment, training, etc.) \_\_\_\_\_

Results or recommendations for the Safety Review Board \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**SECTION V - To Be Completed by the Department or Division Head**

Department or Division Heads Appraisal and Recommendation \_\_\_\_\_

\_\_\_\_\_  
Department or Division Head's Signature

\_\_\_\_\_  
Date