

Division of Maintenance and Operations

Supervisor's Incident Investigation Report of Occupational Injury



Supervisors are responsible for calling CorVel Corporation at **1-888-606-2562** to file Employer's First Notice of Loss (FNOL) within **24 hours of incident**.

FOR A FATALITY OR HOSPITALIZATION, CALL 301-370-2141 IMMEDIATELY

NOTE: Use this form when reporting an incident involving a DMO employee who is assigned to a regional service center.

Page 1 of 2

EMPLOYEE INFORMATION

Name _____ I D Number _____ Date of Birth ____/____/____
 Work Phone _____ Date of Hire ____/____/____ Gender Male Female
 Job Title _____
 Service Center Central Downcounty Midcounty Upcounty
 Scheduled Hours Per Week 40 Hours **or** ____ number of hours Time Work Began ____:____ a.m. pm.
 Reported to Immediate Supervisor? Yes No Reported to Regional Maintenance and Operations Manager? Yes No

DETAILS OF INJURY, ILLNESS, EXPOSURE OR INCIDENT

Date of injury ____/____/____ Time of injury ____:____ a.m. p.m. Daylight Dark
 Specific injury and body part affected _____
 Medical diagnosis determined if available Yes No
 Was Employee seen by a medical professional? Yes No
 Did Employee receive medical evaluation and/or treatment? Yes No
 Date of Supervisor's first knowledge/notice of injury ____/____/____
 Was Employee hospitalized overnight? Yes No Date of Death (if applicable) ____/____/____
 Reported to Systemwide Safety Programs? Yes No Fax: 301-279-3192
 Reported to Risk Management Specialist, ERSC? Yes No Fax: 240-314-2236

INVESTIGATION OF INJURY, ILLNESS, EXPOSURE OR INCIDENT

Incident location (specify location, room, etc.) _____
 On MCPS premises? Yes No School/Facility Where Event Occurred _____
 Were others injured? Yes No
 Equipment, tools, materials, or chemicals the Employee was using when the event or exposure occurred (using power tools, backhoe, mower, other, etc.) _____

 Describe the specific activity employee was performing when event or exposure occurred _____

 Was this injury/illness/incident caused by contributing factors (job practices, acts, etc.)? Yes No If YES, explain:

 Was the injury/illness/incident caused by an unsafe condition? Yes No If YES, explain: _____

DETAILS OF INCIDENT CAUSED BY CONTRIBUTING FACTORS

If incident was caused by unsafe job practice, is there a Written Operating Procedure for this activity? Yes No

If Employee did not follow procedure, why not? _____

Was Employee trained on this procedure? Yes No Training Date ___/___/___

Describe in detail the corrective action taken (training, progressive discipline, etc.) _____

Have other accidents occurred with same process or procedure? Yes No

Does training need to be changed to better address this hazard? Yes No

Does work practice or written procedure need to be changed/updated to better address this hazard? Yes No

DETAILS OF INCIDENT CAUSED BY HAZARDOUS CONDITION

Is the responsibility for safety inspections in this area assigned? Yes No If YES, to whom? _____

Have Job or Site Safety Inspections been conducted according to a schedule? Yes No

Date of last Job or Site Safety Inspection ___/___/___

Did the hazardous condition exist at the time of the last inspection? Yes No

If defective equipment was involved, has it been taken out of service? Yes No ___/___/___

Has the hazardous condition been previously identified? Yes No Verbally Written

If hazard was previously identified were actions taken to correct or mitigate the hazard? Yes No

If YES, nature of correction or mitigation steps taken _____

If NO, explain why no action was taken _____

SUPERVISOR'S INFORMATION

What action(s) are you taking, as a Supervisor, to prevent future incidents of this type? _____

Supervisor's Name/Title _____

Regional Service Center _____ Work Phone _____

Supervisor's Signature _____ Date ___/___/___

- Distribution:**
1. DMO Maintenance and Operations Manager
 2. DMO Senior Manager
 3. Systemwide Safety Programs Team Leader, DSSEM, 45 W. Gude Drive, Suite 4000, Rockville
 4. Risk Management Specialist, ERSC, 45 W. Gude Drive, Suite 3200, Rockville