

# SUPERVISOR'S INVESTIGATION REPORT

To assist our loss control efforts, please identify the factors causing the loss and state the remedy proposed or taken to prevent future occurrences.

<b>Member:</b>		<b>Department:</b>
<b>Location of Accident:</b>		<b>Date &amp; Time of Accident:</b>
<b>Name of Injured Worker:</b>	<b>Injured Worker's Department:</b>	<b>Injured Worker's Job Title:</b>
<b>Description of Injury:</b>		
<b>Description of Accident:</b>		
<b>Unsafe Condition Causing or Contributing to the Accident (Poor lighting, oily surface, guards missing or not functioning, etc.):</b>		
<b>Unsafe Act or Work Procedure (Guard removed, adjusting moving machine, a specific item of substandard performance or procedure, etc.):</b>		
<b>What action has been taken or is proposed to prevent same or similar event:</b>		
<b>Supervisor:</b>	<b>Reviewed &amp; Approved by:</b>	<b>Date of Report:</b>

(Use the reverse side for diagram or additional detail)



3002 Falling Leaf Court, Columbia, MO 65201  
 Ph#: (573) 817-2554      Fax#: (573) 441-0515  
[newclaim@mirma.org](mailto:newclaim@mirma.org)