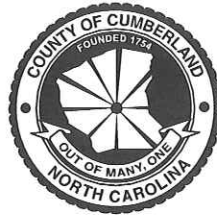


Submit Original and One Copy To:
SAFETY DIRECTOR
 Cumberland County
 P.O. Box 1829
 Fayetteville, NC 28302-1829



IMPORTANT!

Report serious injuries or accidents/
 incidents by phone to: SAFETY
 DIRECTOR OFFICE: 678-7731

**SUPERVISOR'S
 INVESTIGATIVE REPORT**

1. Department		2. Section	
3. Exact Location	4. Date of Occurrence	5. Time	6. Date Reported

ILLNESS OR INJURY (EMPLOYEE)		PROPERTY DAMAGE (County Owned)	
7. Injured's Name		12. Property Damaged	
8. Occupation	9. Part of Body Affected	13. Estimated Costs	14. Actual Costs
10. Nature of Injury/Illness		15. Nature of Damage	
11. Object/Equipment/Substance Inflicting		16. Object/Equipment/Substance Inflicting	

D E S C R I P T I O N	17. DESCRIBE CLEARLY HOW THE INCIDENT OCCURRED

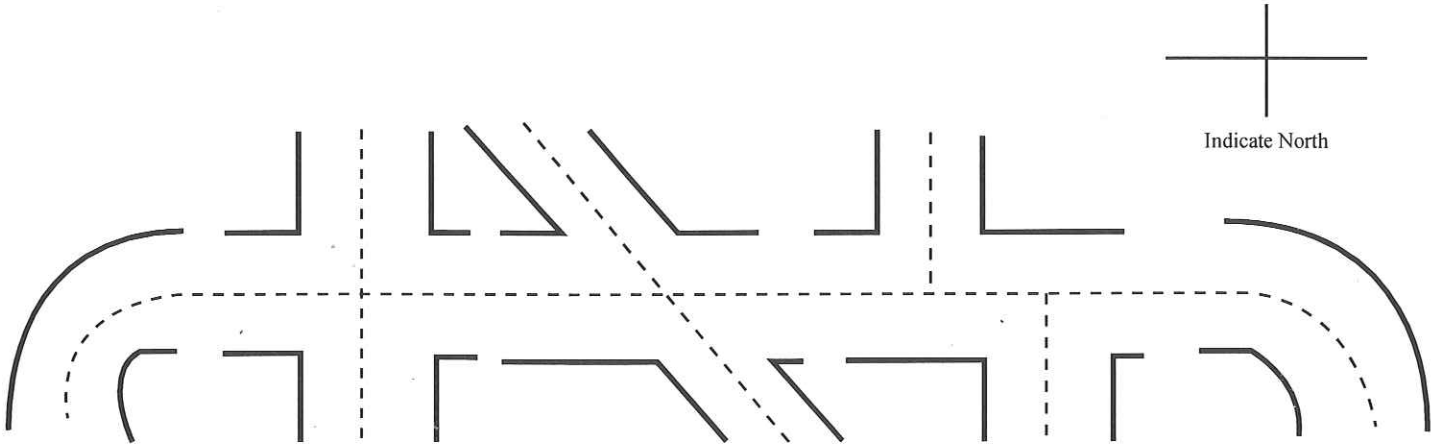
A N A L Y S I S	DIRECT CAUSES		
	BEHAVIORAL	ENVIRONMENTAL	BASIC CAUSES
	Making safety devices inoperable	Inadequate guards or protection	Inadequate hiring standards
	Failure to use guards provided	Defective tools or equipment	Inadequate job placement standards
	Using defective equipment	Unsafe condition of machine/vehicle	Lack of proper job procedures
	Servicing equipment in motion	Congested work area/roadways	Inadequate job procedures
	Failure to use proper tools or equipment	Poor housekeeping	Inadequate enforcement of work schedule
	Operating without authority	Unsafe walking/working surface	Inadequate supervision
	Lack of skill or knowledge	Improper material storage	Inadequate environmental control program
	Unsafe loading or placing	Fire or explosion hazards	Inadequate job planning methods
	Improper lifting, loading or carrying	Hazardous atmosphere; gases, dust, fumes, vapor	Inadequate preventive maintenance
	Taking unsafe positions	Radiation exposures	Improper layout or design of work area
	Unnecessary haste	Excessive noise	Unsafe design or construction of tools/equipment
	Influence of alcohol or drugs	Inadequate illumination	Inadequate purchasing standards
	Physical limitation or mental attitude	Adverse weather	Other
Unaware of hazards	Poor road conditions		
Unsafe act of other	Limited visibility		
Failure to follow standard operating procedures	Other		
Other			

P R E V E N T I O N	18. WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? NUMBER ALL ITEMS IN SEQUENCE.

19. INVESTIGATED BY	20. DATE	21. REVIEWED BY	22. DATE
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MOTOR VEHICLE DIAGRAM

Complete the following diagram showing direction & positions of vehicles involved, designating clearly point of contact.



INSTRUCTIONS:

- Show vehicles and direction of travel YOUR VEHICLE OTHER VEHICLES
- Use solid line to show path of each vehicle before accident dotted line after accident
- Give street names

PERSONAL INJURY INFORMATION (NON EMPLOYEE):

Name of Injured	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Age
Address		Phone Number	Social Security Number (If Known)
Type of Assistance Requested/Given <input type="checkbox"/> First Aid <input type="checkbox"/> Medical <input type="checkbox"/> Ambulance <input type="checkbox"/> Refused - Explain	First Aid Given By	If Treated by Doctor, Give Name Fatal: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabling: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROPERTY DAMAGE INFORMATION (NON COUNTY OWNED):

Property Owner	Address	Phone Number
Property or Equipment Involved (Give Unit # if Known)		
Date	Prepared By	Title
		Phone