CORPORATION OF THE CATHOLIC ARCHBISHOP OF SEATTLE

PARISH/SCHOOL: _____

SUPERVISOR'S INVESTIGATION REPORT

After the employee has completed his/her report, the Supervisor should complete this report for any hazardous incident, accident, injury or illness which occurs on the job, whether or not medical attention is sought. If medical attention is sought, whether at the time of the accident, injury or illness or sometime later, the employee and supervisor must complete a Self Insurer Accident Report form (SIF2). The SIF2 will be sent by Sedgwick to the injured employee. A Provider's Initial Report (PIR) should be given to the employee to take with him/her to the medical provider at the first visit. This Investigation Report form should be kept on file until (if) medical attention is sought for the injury, at which time it is to be provided to the on-site Safety Committee for evaluation and completion. "Investigation Report" may be discarded after two years, if the employee doesn't receive medical attention.

PERSONNEL AND BACKGROUND INFORMATION

Employee's Name: Total time with the Archdiocese

Job /Position Title Time in present position

Date of Accident Time of Accident AM/PM Date reported to you By whom?

Date Time Loss Began Total Work Days Lost Date returned to work Kept on salary? □ Yes □ No

Initial Type of Case: (check one) □ Illness □ No Injury Accident □ First Aid □ Medical □ Fatality* □ Other _____

Claim (SIF2) Number _____ Light Duty Offered? □ Yes □ No Accepted? □ Yes □ No

ANALYSIS OF ACCIDENT

What happened?

When and where did it happen?

Why did it happen?

Was the incident caused by anyone else? □ Yes *Circle if he/she is a Student Visitor Client Employee Contractor Volunteer Unknown*
□ No *Name (if known) Describe on the back of this form*

Was anyone else hurt? □ Yes *Circle if he/she is a Student Visitor Client Employee Contractor Volunteer Unknown*
□ No *Name (if known) Describe on the back of this form*

ACTIONS TO PREVENT RECURRENCE

What should be done?

What have you done?

What will you do?

How will this improve safety for employees?

Investigation completed by (sign name and title) Date

Reviewed and approved by Safety Committee: (sign name and title) Date

*In the event of serious or multiple-person injuries or death, the Human Resources Department (206- 382-4570 or 1-800-261-4749) must be notified as soon as possible. Within eight (8) hours of the occurrence a representative of the Human Resources Department must report the accident to the nearest office of the Department of Labor & Industries. The report must relate the circumstances of the accident, the number of fatalities and the extent of any additional injuries.