Supervisor's Accident/Loss investigation Report									
Bureau:					Division:	Division:			
Exact Location:					Date of Occurre	ence: Tim	ne:	Date Reported:	
On Escambia County Property	?	□ Yes	[□ N	o Property Name:				
Personal Information						Property Damage			
Employee:					Property Damag	Property Damaged:			
Title/Classification:					Estimated Cost:	Estimated Cost:			
Part of Body Affected:					Nature of Dama	Nature of Damage:			
Nature of Injury/Illness:					Object/Equipme	Object/Equipment/Substance Inflicting Damage:			
Object/Equipment/Substance Inflicting Injury or Illness:					Law Enforceme	Law Enforcement Agency Report Completed?			
Was the Employee Sent for Drug Testing?									
Description									
Was Personal Protective Equipment (PPE) Available?					□ Yes	□ N	0	Not Applicable	
Was Personal Protective Equipment (PPE) Utilized?					□ Yes	□ N	0	Not Applicable	
☐ First Aid Only ☐ Medical Treatment Requirement.					□ Treated	☐ Treated & Released. Return to Work, Same Shift			
☐ Hospitalized Nar	ne of I	f Physician or Hospital: Expected Date of Return to Work:							
Analysis									
What acts, failures to act and/or conditions contributed most directly to this accident (Immediate cause)?									
□ Equipment Failure □ Human Error □ Other:									
Explain:									
Was the accident preventable by the employee?					□ Yes			No	
Explain:					1		1		
Prevention									
What action has or will be taken to prevent reoccurrence? (Place an "X" by items completed)									
1 .									
2 .									
3 .									
Supervisor Completing Report:				X			Date:		
Department/Division Review:				X		Date:			
Safety Office Review by:					X		Date:		
Incident Review Board Required?		□ Yes	☐ Yes ☐ No (Completed by Risk Management Only))		