

SUPERVISOR'S INVESTIGATION REPORT

SUPERVISOR: Which of the following may have contributed to the incident. Check all that apply and provide brief comment:

EQUIPMENT: Selection, Arrangement, Use, and/or Maintenance.
COMMENT: _____

MATERIALS: Selection, Placement, Handling, and/or Processing.
COMMENT: _____

PEOPLE: Selection, Placement, Training, and/or Supervision.
COMMENT: _____

What action should take place? (Take or recommend action, depending upon your authority. Check all that apply. Give specifics in space provided.)

Projected Date of Completion (m/d/yyyy): _____

What have you done thus far?

How will the selected action improve operations?

Supervisor should complete after implementation of solution and adequate time to assess effectiveness:

Follow up. Was action effective? Describe outcome.

SUPERVISOR'S SIGNATURE _____ DATE _____

DEPARTMENT HEAD APPRAISAL AND RECOMMENDATIONS

In your opinion, what factors contributed to this accident?

Recommendation:

DEPARTMENT HEAD'S SIGNATURE _____ REVIEW DATE (M/D/YYYY) _____

DEPARTMENTAL SAFETY COMMITTEE

Agree with Supervisor Agree with Department Head Other – Explain:

Review Date (m/d/yyyy): _____

SAFETY COMMITTEE/DIRECTOR

Agree with Supervisor Agree with Department Head Other – Explain:

Review Date (m/d/yyyy): _____

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