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- Massachusetts Retail Merchants Workers' Compensation Group, Inc.
- Massachusetts Care Self-Insurance Group, Inc. (nursing homes)
- Massachusetts Healthcare Self-Insurance Group, Inc. (hospitals)
- Massachusetts Manufacturing Self-Insurance Group, Inc.
- Massachusetts Trade Self-Insurance Group, Inc.

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Supervisor's Investigative Report

This is a follow-up report used to identify and correct conditions or practices which have led to an employee work-related incident.

Employer's Name: _____

I. GENERAL INFORMATION

Employee Name

Department

Supervisor Completing This Form

Date of Incident

Date Supervisor Notified

II. INTERVIEW WITH FIRST PERSON NOTIFIED OF INCIDENT

Name of Person

Date Person was Notified

III. INTERVIEW EACH WITNESS (Name and Statement)

IV. WHERE DID THE INCIDENT OCCUR?

V. DESCRIBE WHAT HAPPENED AND THE REASON(S) INCIDENT OCCURRED

VI. WHAT ACTION WAS TAKEN TO PREVENT A RECURRENCE?

VII. SIGNATURE

Signature of Supervisor Completing Form

Date Completed

Signature of Safety Officer

Date Reviewed by Safety Committee

VIII. IMPORTANT

If equipment or machinery was the cause of the incident, please advise the claims department of any service contracts.