



INDIANA PUBLIC EMPLOYERS' PLAN, INC.
SUPERVISOR'S INCIDENT INVESTIGATION REPORT
(Please Complete All Sections)

1. Company or Location	2. Department	3. Date of Incident/Day of Week
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4. Exact Location of Incident	5. Time of Occurrence am pm	6. Date Reported
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7. Name of Injured	8. Occupation	9. Body Part Affected (See Back)
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10. Nature of Injury or Illness (See Back)	11. Item Inflicting Injury/Illness	12. Type of Accident (See Back)
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13. Person With Most Control of Item 11

14. Description of the Incident

15. Direct Causes of Incident	16. Why Each Cause Exists
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17. Actions Taken or Needed to Prevent Recurrence	18. Date Completed
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19. Investigated By	20. Date	21. Reviewed By	22. Date
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