CITY OF RACINE SUPERVISOR REVIEW OF INJURY OR ILLNESS

Fax This Form to Human Resources at 262-636-9585

Employee Name (First, Middle, Last)	Injury Date Mo/Day/Yr

This form is to be completed by the employee's supervisor. Please provide information that will supplement the employee's report, noting circumstances which may have contributed to the injury or illness, such as weather conditions, use of protective safety equipment, etc. Be thoughtful and thorough, seeking to identify operations, procedures, use of equipment or modification that could help reduce future incidents.

UNSAFE ACT / CONDITION:

☐ Housekeeping
☐ Work Practices
☐ Safeguarding devices
☐ Physical and environmental stresses
☐ Facility/design
☐ Materials/tools
☐ Hazards not recognized
☐ Protective equipment
☐ Exceeding limits (speeds, strengths, etc.)
☐ Other: ____

CONTRIBUTING FACTORS:

☐ Equipment failure
☐ Used wrong equipment
☐ Housekeeping/Maintenance
☐ Procedure Factors
☐ Improper Body Mechanics (i.e. Improper Lifting, carrying)
☐ Slippery or defective floor/work surface
☐ Knowledge / skills lacking
☐ Substance abuse
☐ Repetitive Motion/Ergonomics
☐ Work Station/Ergonomic
☐ Failure to use protective equipment/devices
☐ Safety Policy/Rule Violation
☐ Unsafe Act
☐ Environmental exposure to toxic substance, noise etc.
☐ Horseplay

☐ Other: ____

CORRECTIVE ACTION (Attach additional pages, if necessary):

Action to be Taken to Prevent Recurrence:	Responsible Party:	Completion Date:
1		
2		
3		

Supervisor Signature:	Date Signed
Department Manager Signature:	Date Signed