

**Number of Incidents
in the Last 12
Months _____**

**Iredell County
Supervisor Investigation Report**

Employee Name _____ Date of Incident ___/___/___

Location of Incident _____

Type of Incident (Auto, Injury, Illness, etc.) _____

Time of Incident _____ am__ pm__ Date and time reported ___/___/___ _____ am__ pm__

Account of incident (include sequence of events, type of incident, detail injury if appropriate, etc.) _____

What unsafe act and/or unsafe condition contributed to this incident? Use additional paper if needed

What corrective measures have been taken to prevent future incident? Use additional paper if needed

Use additional paper if needed

Supervisor Signature _____ Date Prepared ___/___/___

Department Head Signature _____ Date ___/___/___