

# Investigation Report (Rev. 9/07)

## Section "A"

## TO BE COMPLETED BY THE SUPERVISOR

### Communication Expectations

- General Manager (GM) must be immediately notified of all accident/incidents
- Supervisors must complete section "A" of the investigation report by end of their shift
- Supervisors must provide the investigation folder to the General Manager by the end of shift
- GM must review section "A" of investigation report for completeness before sending to Corporate
- GM, immediately notify your RVP, SVP, SVP HR and Loss Prevention Mgr. about all serious accidents
- Section "A" of the investigation report must be emailed to Corporate Claims Department within 12 hours
  - email [rodell@millardref.com](mailto:rodell@millardref.com)
  - Fax Number 402-891-2569

### MARK BOX FOR TYPE OF INVESTIGATION

☐

Worker Injury Investigation

☐

Other Investigation

1 Facility Location:					
2. Injured Employee(s) Name		3. Job Title		4. Dept. Supervisor	
5. Date of Injury	6. Time of Accident	7. Shift worked <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Start Time:		8. Date Reported	9. Hire Date
10. Language of Injured Worker <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other		11. Medical Treatment <input type="checkbox"/> 1st aid <input type="checkbox"/> Doctor/clinic <input type="checkbox"/> Hospital <input type="checkbox"/> No Treatment <input type="checkbox"/> Refused Treatment		12. Workers Drug Screened Date: _____ a) _____ b) _____ c) _____ d) _____	
13. Part of Body Injured <input type="checkbox"/> Left side <input type="checkbox"/> Right side		14. Name of Witnesses/Others Involved (use separate worker statement page) a) _____ c) _____ b) _____ d) _____			
15. Accident Involved <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Docker		<input type="checkbox"/> Hi-Reach <input type="checkbox"/> Order Picker	<input type="checkbox"/> Other Mobile equipment <input type="checkbox"/> Manual Material Handling	<input type="checkbox"/> Fall from elevation <input type="checkbox"/> Slip or Trip	
(Identify All Contributing Factors Below 16 - 18)					
16. Substandard Actions					
<input type="checkbox"/> Body Outside the Protection of the Equipment		<input type="checkbox"/> Stopping in Path of Travel		<input type="checkbox"/> Improper Lifting Techniques	
<input type="checkbox"/> Operating at Improper Speed		<input type="checkbox"/> Disconnecting a Safety Device		<input type="checkbox"/> Improper Product Staging	
<input type="checkbox"/> Using Defective Equipment		<input type="checkbox"/> Using Equipment Improperly		<input type="checkbox"/> Failure to Use PPE Properly	
<input type="checkbox"/> Failure to Sound Horn or Warn		<input type="checkbox"/> Improper Load Placement		<input type="checkbox"/> Engaging in Horseplay	
<input type="checkbox"/> Unauthorized to Operate Equipment		<input type="checkbox"/> Improper Clearance to Fixed Object		<input type="checkbox"/> Disregarded Safety Policies	
17. Substandard Conditions					
<input type="checkbox"/> Wet or Icy Floor		<input type="checkbox"/> Frosted Door Curtains		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
<input type="checkbox"/> Poor Housekeeping		<input type="checkbox"/> Poor Door/Dock plate Condition			
<input type="checkbox"/> Congested Work Area		<input type="checkbox"/> Wrong Tool for Task			
<input type="checkbox"/> Damaged Floor		<input type="checkbox"/> Trailer Not Chocked			
18. Other Contributing Factors					

### 19. Incidents Involving NON-MRS Employees

Person Name: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

State: \_\_\_\_\_

Company Name, Address, Phone Number \_\_\_\_\_

\_\_\_\_\_

Contact Name and Phone Number \_\_\_\_\_


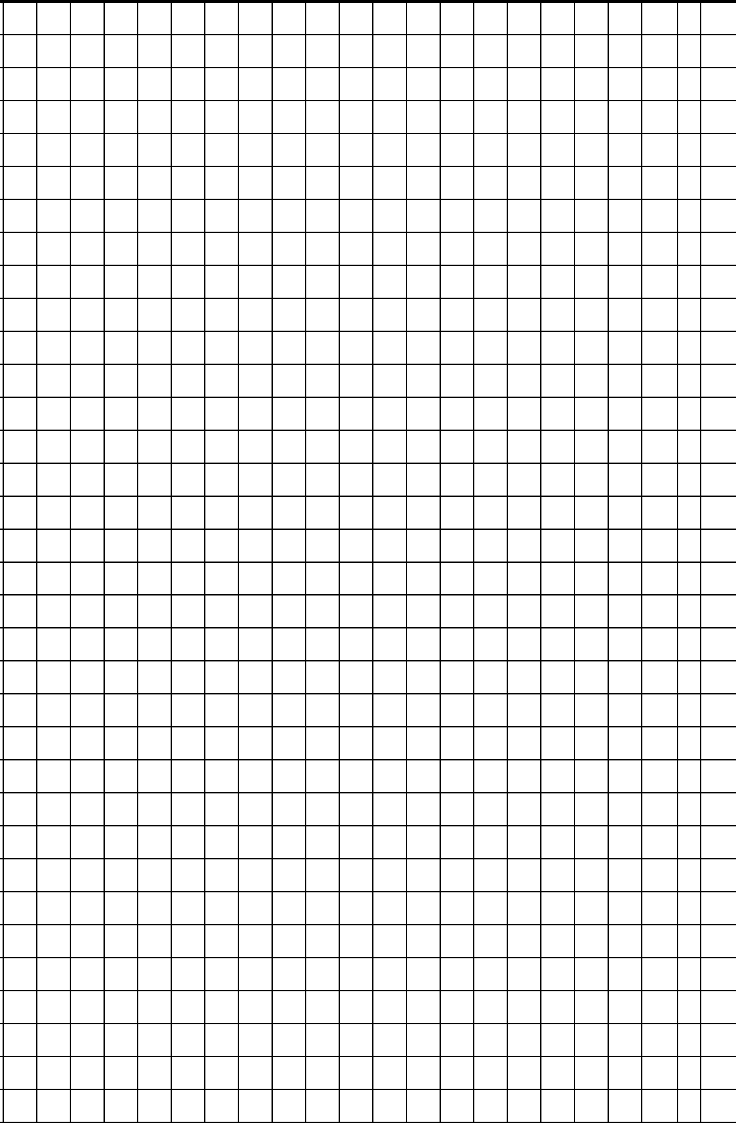
Property Damage Involving	<input type="checkbox"/>	Trailer Damage	Non-MRS person Injured	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	<input type="checkbox"/>	MRS Property Damage		Medical Treatment Arranged:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<input type="checkbox"/>	Non-MRS Property Damage						

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach photograph & sketch, this information will be vital for the Management Review Team

<p><b>PHOTOS</b></p>	<p><b>PHOTOS</b></p>
----------------------	----------------------

	
---	---

## Worker's Statement

Worker Name: \_\_\_\_\_

Accident Date: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Worker's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Worker's Statement

Worker's Name: \_\_\_\_\_

Accident Date: \_\_\_\_\_

[illegible]

Worker's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Section "B"****Section "B"****COMPLETED BY THE MANAGEMENT REVIEW TEAM**

The complete investigation report both sections "A" and "B" must be emailed to the  
Manager of Loss Prevention and Claims Department within 24 hours

• email - rpastorius@millardref.com

• email - rodell@ millardref.com

Meeting Date: \_\_\_\_\_

File Name: \_\_\_\_\_

Team Members: \_\_\_\_\_

\_\_\_\_\_

**Accident's Root Cause****Action Steps**

Accident Involving Mobile Equipment:

Need by Date: \_\_\_\_\_

Type of equipment: \_\_\_\_\_

**Comments**

Copy of Operator Certification Form Obtained

Yes ☐

No ☐

Current Copy of Pre-shift Inspection Obtained

Yes ☐

No ☐

Copy of Post Accident Inspection(s) report on involved equipment

Yes ☐

No ☐

Copy of Preventive Maintenance reports Obtained

Yes ☐

No ☐

<b>Action Steps</b> - for determining procedural and/training weaknesses, etc. (Use additional page as needed)	<b>Responsible Person(s)</b>	<b>Date Completed</b>

<b>Plan of action to prevent recurrence</b> (used addition pages if need)	<b>Responsible persons</b>	<b>Due Date</b>	<b>Completed</b>