

**SUPERVISOR'S INVESTIGATION REPORT – FORM 45-B**IPRF Claims Fax: 888-223-1638  
Email: IPRFclaims@ccmsi.com**SUPERVISOR'S INVESTIGATION REPORT (FORM 45-B)****(To be completed by the Supervisor ONLY)**

Forward completed Form to Human Recourses

**THIS FORM MUST BE COMPLETED AND RETURNED WITHIN 24-HOURS OR LESS AFTER THE ACCIDENT/INJURY. THERE ARE NO EXCEPTIONS TO THIS RULE.**

IPRF Member Agency Name: \_\_\_\_\_

Location where accident occurred	Employer's Prop: Yes    No	Date of accident/illness
	Job Site: Yes    No	

Who was injured?	Employee	Time of accident	A.M.
	Non-Employee		P.M.

Years of service to date	Job title	Full-time	Volunteer
		Part-time	

What property/equipment was damaged?	Property/equipment owned by:
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What was the employee doing when injury/illness occurred? What tool was being used? What type of operation?

Describe clearly how the injury/illness occur? List all objects and substances involved.

Nature and extent of injury? (Soft tissue injury i.e. sprain, strain or hard injury i.e. broken bone, wounds)

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS**

<input type="checkbox"/>	Failure to lockout	<input type="checkbox"/>	Improper maintenance	<input type="checkbox"/>	Poor housekeeping
<input type="checkbox"/>	Failure to secure	<input type="checkbox"/>	Improper protective equipment	<input type="checkbox"/>	Poor ventilation
<input type="checkbox"/>	Horseplay	<input type="checkbox"/>	Inoperative safety device	<input type="checkbox"/>	Unsafe arrangement or process
<input type="checkbox"/>	Improper dress	<input type="checkbox"/>	Lack of training or skill	<input type="checkbox"/>	Unsafe equipment
<input type="checkbox"/>	Improper guarding	<input type="checkbox"/>	Operating without authority	<input type="checkbox"/>	Unsafe position
<input type="checkbox"/>	Improper instruction	<input type="checkbox"/>	Physical or mental impairment	<input type="checkbox"/>	Other

Was employee trained in the appropriate use of personal protective equipment (PPE)?	Yes	No
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Was employee cautioned for failure to use PPE and proper safety procedures?	Yes	No
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Did employee promptly report injury/illness?	Yes	No
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Supervisor's corrective action to ensure this type of accident does not recur:

\_\_\_\_\_  
Supervisor's Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Cell Phone #\_\_\_\_\_  
E-mail Address