State of Wisconsin	
University of Wisconsin	System

FOR AGENCY USE ONLY	
Claim Number:	

SUPERVISOR'S INCIDENT ANALYSIS AND PREVENTION REPORT

INSTRUCTIONS:

- 1. Within 24 hours of notice of the incident, complete this report based on your discussion with the employee.
 2. Send report to your Worker's Compensation Coordinator.

*	Indicates	required	info	rmation
	IIIuicales	reuuneu	IIIIU	rillauoli

Indicates required information							
Employee Name	Date of Incident	Time of Incident		Date First Reported			
Department Name and Location	Job Title	*Employee's Usual Work Schedule at Time of Incident:					
		Start time:	□ AM □ PM	End time:	□ AM □ PM		
		Hours per week:		Days Per week:			
INCIDENT DESCRIPTION: Describe the incident based on your investigation 1. *How did the injury/incident occur?							
2. *Where did it occur?							
3. Who was involved?							
4. Who did you interview?							
5. If equipment was involved, was it defective? ☐ Yes ☐ No If YES, please explain.							
6. Describe any objects being handled at the time of incident, including size and weight.							
Do you agree with the employee's account of the incident? ☐ Yes ☐ No If NO, Please explain.							
Were safety procedures followed? ☐ Yes What corrective action should be taken to preven		is activity part of their norr t?	mal wor	k duties? □ Yes □	No		
Has the employee ever reported any physical c home projects, etc.) that could be contributing t				ob, participation in spo ES, please explain.	orts,		
Additional Comments:							
Supervisor's Name			Date				
Title			Phone i	#)			