

**PHYSICAL PLANT**  
**Supplemental Incident Investigation**  
**Employee/Supervisor Form**

**EMPLOYEE NAME:** \_\_\_\_\_

**INCIDENT DATE:** \_\_\_\_\_

To be completed by the employee. Answer Yes or No. Comment as necessary in space provided.

\_\_\_\_\_ Were you physically or mentally capable to perform your assigned duties? If no, had you notified your supervisor? \_\_\_\_\_

\_\_\_\_\_ Had you been properly briefed by your supervisor on the potential incident hazards and what safety requirements need to be followed to prevent an incident? Did you identify and report any additional hazards prior to performing the assigned job? \_\_\_\_\_

\_\_\_\_\_ Did you feel the job was properly planned and adequate time available to perform the assigned job without having to hurry through the work?

\_\_\_\_\_ Were you provided proper personal protective clothing and equipment to safely perform the assigned job? If yes, were you wearing it? \_\_\_\_\_

\_\_\_\_\_ Did you have the correct tool/equipment to perform the task? If yes, was the tool/equipment in good operating condition? \_\_\_\_\_

\_\_\_\_\_ Had you been previously trained by your supervisor or another employee on how to perform the assigned task?

\_\_\_\_\_ Was the assigned task difficult enough to require written operating instructions/procedures? If yes, were you provided written instructions? \_\_\_\_\_

\_\_\_\_\_ Did the assigned task require more than one person to perform the task safely? If yes, were there adequate personnel assigned to the job? \_\_\_\_\_

\_\_\_\_\_ Did you inform your supervisor immediately when the incident occurred?

\_\_\_\_\_ Do you have a second job away from Texas Tech? If yes, please explain position functions.

\_\_\_\_\_ In your opinion, was there any one thing that definitely caused or contributed to the incident? If yes or no, please explain your reason why the incident may have happened.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SUPERVISOR'S INDORSEMENT:**

\_\_\_\_\_ Did the employee's assessment and witness statements (if any) accurately describe/define the cause for the incident? If no, please provide your comments, causes, and/or actions that are related or contributed to this incident (use additional paper if needed).

\_\_\_\_\_ Was the incident reported to the Safety Office as soon as possible?

\_\_\_\_\_ Was a timely evaluation performed on the injured employee to determine reasonable suspicion for alcohol/drug testing?

\_\_\_\_\_ Does the process(s) involved in the assigned job need changing?

\_\_\_\_\_ Could this incident have been prevented? If no, please explain why not.

\_\_\_\_\_ Do you plan corrective action to prevent this type of incident from occurring in the future? If yes, please explain.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Manager Signature (if applicable)

\_\_\_\_\_  
Date