

**PHYSICAL PLANT
Incident Investigation
Director's Checklist**

TO: Safety Office

DATE: _____

EMPLOYEE NAME: _____

INCIDENT DATE: _____

To be completed by the section director/associate director. Place a \checkmark beside the applicable items listed below:

- _____ I have reviewed the attached incident package, signed the First Report of Injury form and completed the Supervisor's Investigation form.
- _____ Was a timely evaluation performed on the injured employee to determine reasonable suspicion for alcohol/drug testing?
- _____ The incident was promptly and thoroughly investigated.
- _____ Additional information and/or photographs are attached to further document the incident.
- _____ I concur with the action(s) taken to improve the process for incident prevention.
- _____ I believe the incident was the result of:
 - _____ an unsafe act by the employee
 - _____ an unsafe work process
 - _____ an unsafe condition
 - _____ inadequate employee training
 - _____ inadequate supervision
 - _____ poor planning of the job/operation/activity
 - _____ inadequate instructions and operating procedures
 - _____ unsafe tools/equipment/materials
 - _____ other (provide description in comment section below)

ADDITIONAL COMMENTS:

Director Signature

ATTACHMENT H
January 7, 2010
PP/OP 02.02