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| **Campus Letterhead/Logo** | | | | **SAFETY MANAGER’S REVIEW** | | | | |
| **Claim Number:** | | |  | |
| **Employee Name:** | | |  | |
| **Date of Accident:** | | |  | |
| INSTRUCTIONS FOR SAFETY MANAGERS:  1.Complete the Safety Manager's Review within 48 hours of being notified of an incident. Conduct an investigation by interviewing the employee and supervisor and seek signed witness statements. Visit the scene of the incident and include photos pertinent to the incident.  2. Submit form to the Worker's Comp Coordinator & provide a copy to the employee’s supervisor with corrective action recommendations. | | | | | | | | |
| Was your analysis / review of this accident based on (please check all that apply: | | | | | | | | |
| Interview with: | Employee’s Supervisor  Injured employee  Witness | Phone call with: | Employee’s Supervisor  Injured employee  Witness | | | Paper Review | | |
| Other: | | |
| **1. Describe the incident based on your investigation: (how and why it happened, where it happened, who was involved, and who did you interview).**    **2. What was the primary cause of the incident?**    **3. What corrective action(s) will be taken to prevent a similar accident in the future?** | | | | | | | | |
| **Safety Manager signature**: | | | | | **Phone number:** | | | **Date:** |