



# SUPERVISOR INVESTIGATION REPORT

(Investigation to be completed within 48 hours of Injury / Incident)

**FEGS-602**  
Revision : 0  
Date : 12-15-17

## F&E Ground Services LLC

Name of Supervisor/Manager Assigned to Investigate:	ID #:	
Name of Supervisor/Manager Involved:	ID #:	
Name of Lead Technician Present: (if applicable)	ID #:	
1. Name of Employee Involved:	ID #:	
2. Name of Employee Involved:	ID #:	
3. Name of Employee Involved:	ID #:	
4. Name of Employee Involved:	ID #:	
Description of Injury / Incident:		
Detail the determined ROOT CAUSE of this Injury / Incident:		
Detail any UNSAFE ACTS or CONDITIONS which may have contributed to this Injury / Incident:		
What ROOT CAUSE CORRECTIVE ACTION will be taken (and by WHOM) to prevent recurrence?:		
Additional Comments / Concerns / Thoughts:		
Estimated Cost of Injury / Incident:		
Final Cost of Injury / Incident:		
Report Completed By (Supervisor's/Manager's Name):	Title:	Date: