City of Dublin
HUMAN RESOURCES

SUPERVISOR'S INVESTIGATION OF EMPLOYEE NON-INJURY/DAMAGE INCIDENT

City Driver/Operator: _____

Was machinery, equipment, etc. in good working order? _____

Was there a defect in the job layout, procedure, or work environment? Describe: _____

_____

Was any human error involved? Describe: _____

_____

Reasonable suspicion of drug/alcohol use? (Circle) Yes No Recommended drug/alcohol testing? (Circle) Yes No

Was operator adequately trained for job? _____

List corrective action and by whom: _____

_____

What is your recommendation for disposition of this matter concerning the City Driver/Operator? _____

_____

_____

_____

_____

Supervisor	Date	Risk Manager	Date
Director	Date	Crew Leader (if applicable)	Date

_____

Division of Human Resources Use Only
Claim number: _____
Date reported: _____
Deductible: $_____
Total Cost: $_____