

USW Local 7884 Investigation Package

Date: _____

Time: _____

Type of Investigation (Please Check One):

Safety Investigation _____ IR Investigation _____ Other _____

People Involved (Remember to include the workers phone number):

Union Rep: _____

Worker: _____

Company Reps: _____

Witnesses: _____

Important Information for SAFETY INVESTIGATIONS:

Did the worker suffer an injury? _____

Was the incident deemed a Dangerous Occurrence? _____

Incident Location: _____

Was there a Post Incident Drug & Alcohol Test? _____

If YES, what were the results of the test? _____

Important Information for IR INVESTIGATIONS:

Was a prior investigation completed? _____

Was the worker suspended pending investigation? _____

Please provide a brief description of the meeting?

Siteline No. _____