

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Please print or type all information. Complete report in as much detail as possible.

I. GENERAL INFORMATION

Fill in all information requested. Name of person injured, date, exact location, job title, job being performed, etc. For description of type of accident/illness, injury and body part, use the following:

A. Type of Accident

- slip/fall
- struck by/against
- caught in/on/between
- contact with/by
- over-exertion/lifting
- burn by
- cut by
- amputation

B. Type of Injury

- cut
- bruise
- puncture
- abrasion
- strain
- sprain
- burn
- irritation
- swelling
- fracture

C. Part of Body Injured

(select as many as needed)

- thumb/finger/hand/wrist
- elbow/arm/shoulder
- toe/foot/ankle
- leg/knee/face
- nose/eye/ear/throat
- chest/abdomen
- upper back/lower back

Department	Shift	
Employee Name	Job Title	
Employee Number	Job Safety Analysis Completed?	
Date of Accident	Time of Accident	<input type="checkbox"/> AM <input type="checkbox"/> PM
Type of Accident/Illness		
Type of Injury		
Part of Body Injured	Treatment <input type="checkbox"/> First Aid <input type="checkbox"/> Medical	Did Employee Return to Work the Same Day? <input type="checkbox"/> Yes <input type="checkbox"/> No

II. DESCRIPTION

Describe in as much detail as possible where and how the accident happened. This section is for facts, not opinions. Statement the injured or witness made should be detailed. Use an additional piece of paper if more space is needed. Include sketches or photos if they explain what happened.

Where and how did the accident happen? (use additional sheet if necessary)

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III. CAUSES

Identify and describe in detail type of equipment, tools, processes, etc., unsafe conditions (mechanical/environmental) and/or personal factors involved in the accident. Discuss the use and requirements regarding any mechanical, physical, personal protective equipment.

Specify machine, tool, substance or object connected with the accident.
Unsafe mechanical/physical/environmental condition at time of accident (be specific)
Personal factors (Lack of Knowledge of Skill, Fatigue).
Personal Protective Equipment required.
Was injured employee using required equipment?

IV. RECOMMENDATIONS

Once causes are identified, action must be taken to prevent the same thing from happening again. Realistic yet effective recommendations should be implemented. The form should be signed and dated by the appropriate supervisor.

Was injured employee using required equipment?	
Supervisor's Signature	Date

V. FOLLOW-UP

List actions which have been taken and their respective completion date. Proper follow-up should continue on any incomplete recommendations.

Actions taken on recommendations (include date completed)

This information has been developed from sources believed to be reliable. However, since it is a general guide to safety, compliance with all federal, state or local laws and regulations is the policyholder's responsibility.