



SUPERVISOR'S ACCIDENT INVESTIGATION

(To be completed by employee's supervisor or other responsible administrative official)

Location where accident occurred: _____ Date of accident or illness: _____ Time of accident or illness: _____ a.m. p.m.

Who was injured? _____ Employee Non-employee Employer's Premises? Yes No Job site? Yes No

Length of time with organization: _____ Job title or occupation: _____ Name of department normally assigned to: _____

How long has employee worked at job function where injury or illness occurred? _____

What was employee doing when accident/illness occurred? _____

What machine or tool was being used? _____ What type of operation? _____

How did the injury/illness occur? List all objects and substances involved:

Which body part(s) affected/injured? _____ Any prior physical conditions? Yes No

If prior physical conditions, describe: _____

Nature and extent of injury/illness and property damaged (be specific):

Please check off any of the following conditions which contributed to the accident or illness.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Poor ventilation | _____ |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment | _____ |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position | _____ |

Supervisor's corrective action to ensure this type if accident does not recur:

Was the employee trained in the appropriate use of Personal Protective Equipment and proper safety procedures? Yes No

Was the employee cautioned for failure to use Personal Protective Equipment and proper safety procedures? Yes No

Did the employee promptly report the injury/illness? Yes No

Is there modified duty available? Yes No

Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: _____