

SUPERVISOR REPORT OF ACCIDENT INVESTIGATION

09/16/09

Name of Employee: _____ Date of Report: _____

Occupation: _____ Dept. _____

Date and time of Accident: _____ Exact Location: _____

Description of Accident - What was Employee doing? What tools or equipment was he/she using? _____

Witnesses — Names/What they saw or heard and when: _____

Describe extent of Employee's injury: _____

When did Employee report the Accident? Date: _____ Time: _____

Did Employee go to a doctor for treatment? _____ Which one? _____

Did Employee go to a hospital? _____ Which one? _____

Did the Employee return to work after the accident? _____ When? _____

After investigating this accident, was this caused by an unsafe act or unsafe condition? _____

What should be done, and by whom, to prevent this accident from recurring in the future? _____

What are you doing to see that this is done? _____

(Example: Are you generating a work order for repairs?) _____

Supervisor's Signature _____ Date _____