Supervisor's Accident Investigation Report for Employee Injury

(To Be Completed by Supervisor of Injured Employee)

District		**Address**	
Name of Injured Employee	**Dept.**	**Position**	**How long in position?**
Date of Accident	**Time of Accident**	**Nature of Injury**	
Injury Resulted in: ☐ Injury ☐ Fatality ☐ Property Damage (specify)			
Medical Treatment ☐ None ☐ First Aid ☐ EMT or Paramedic ☐ Doctor or Clinic ☐ Hospital			**Days Lost Time?**
What was the injured employee doing at the time of the accident?			
How did the accident occur (brief description)?			
What environmental factors (unsafe conditions) contributed to the accident?			
What behavioral factors (unsafe acts) contributed to the accident?			
Employee was wearing proper footwear? YES ☐ NO ☐			
What corrective actions can be taken to prevent recurrence?			
What corrective action has been taken to prevent recurrence?			
Names & Phone Numbers of Witnesses			
Supervisor	**Date**	**Reviewed by:**	**Date**

Original: HR Clerk

This form must be printed on yellow paper
Rev. 4/16/26