



# 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.

- |                    |                               |                               |                               |
|--------------------|-------------------------------|-------------------------------|-------------------------------|
| Failure to lockout | Improper instruction          | Physical or mental impairment | Unsafe arrangement or process |
| Failure to secure  | Improper protective equipment | Poor housekeeping             | Other (please explain below)  |
| Horseplay          | Inoperative safety device     | Poor ventilation              | _____                         |
| Improper dress     | Lack of training or skill     | Unsafe equipment              | _____                         |
| Improper guarding  | Operating without authority   | 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: \_\_\_\_\_ E-Signed: \_\_\_\_\_ Date: \_\_\_\_\_