



Supervisor's Accident/Injury Investigation

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

Location where accident occurred		Location of accident/injury	Date of accident/injury
Who was injured		Employee Non-Employee	Time of accident
Length of time with firm	Job title or occupation	How long has employee worked at job where accident or injury occurred?	
What property/equipment was damaged?			Property/equipment owned by:
What was the employee doing when injury/illness occurred?	What machine of tool was being used?	What type of operation?	
How did accident/injury occur? List all objects and substances involved.			
Part of body affected/injured? Any prior conditions? If do what?			
Nature and extent of accident/injury and property damaged (be specific)			

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE ACCIDENT/INJURY

- | | |
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| <input type="checkbox"/> Improper instruction
<input type="checkbox"/> Lack of training or skill
<input type="checkbox"/> Operating without authority
<input type="checkbox"/> Horseplay
<input type="checkbox"/> Physical or mental impairment
<input type="checkbox"/> Poor ventilation | <input type="checkbox"/> Inoperative safety device
<input type="checkbox"/> Poor housekeeping
<input type="checkbox"/> Improper dress
<input type="checkbox"/> Improper protective equipment
<input type="checkbox"/> Unsafe equipment
<input type="checkbox"/> Other _____ |
|--|--|

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

- Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?. Yes ___ No ___
- Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures?.....Yes ___ No ___
- Did employee promptly report the accident/injury?.....Yes ___ No ___
- Is there modified duty available?..... Yes ___ No ___

Supervisor's Name	Supervisor's signature	Phone#	Date
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