SUPERVISOR
ACCIDENT INVESTIGATION REPORT

SUPERVISOR REPORT
[To be completed by the employee's direct supervisor]

Date of Accident / /	Employee's Name (First, Last)	
Supervisor Name:	Department / Location:	

Was this the employee's usual occupation?
☐ Yes ☐ No If No, Describe.

Was the employee performing a normal job task?
☐ Yes ☐ No If No, Describe.

Do you have any reason to believe this employee's injury did *not* occur at work?

☐ Yes ☐ No If Yes, List the Reasons:

Time in occupation.

☐ Less than 1 month
☐ 1 to 5 months
☐ 6 months to 5 years
☐ More than 5 years

Treatment.

☐ First-Aid (In-House)
☐ Emergency Room (Hospital)
☐ Clinic or Doctor's Office

Name of Clinic or Doctor:

ACCIDENT INVESTIGATION

Accident Sequence
Instructions: Describe in reverse order of occurrence, events preceding the injury and accident. Starting with the injury and moving back in time, reconstruct the sequence of events that led to the injury.

❶ Injury Event
❷ Accident Event
❸ Preceding Event 1
❹ Preceding Event 2
❺ Preceding Event 3

Describe the Accident:

Injury Classification

Nature of Injury:

☐ Slip / Fall	☐ Struck By	☐ Contact with Electrical Current	☐ Fall from Elevation
☐ Strain	☐ Puncture	☐ Burn	☐ Fall from Same Level
☐ Sprain	☐ Caught in/or between	☐ Other (describe)	
☐ Struck Against	☐ Overexertion		

Type of Injury:

☐ Abrasion	☐ Crush Injury	☐ Sprain	☐ Inhalation	☐ Other: (describe)
☐ Amputation	☐ Eye - Foreign Body	☐ Puncture	☐ Dermatitis	
☐ Burn	☐ Fracture	☐ Infection	☐ Repetitive Motion	
☐ Contusion	☐ Laceration	☐ Illness	☐ Tendonitis	

Accident Sketch and/or Photograph(s) (Attach)

Witness(s) Interviews:

(1) Name:
Phone Number:
Statement:

(2) Name:
Phone Number:
Statement:

Casual Factors (Check all factors that contributed to the accident)

- ☐ Unsafe Act
- ☐ Failure to Follow a Standard Operating Procedure
- ☐ Failure to Comply with Direction
- ☐ Hazardous Work Condition
- ☐ Failure to use Personal Protective Equipment
- ☐ Improper use of Equipment and/or Machinery
- ☐ Equipment Malfunction
- ☐ Failure to work at a safe speed/pace
- ☐ Improper body mechanics (i.e. unsafe lifting technique)
- ☐ Unsafe work environment or condition
- ☐ Failure to obey safety policy
- ☐ Inadequate training
- ☐ Horseplay
- ☐ Other:

Comments:

Corrective Actions (corrective actions must be listed for all accidents)

- ☐ Retrain Employee (s)
- ☐ Implement a new or revised job procedure
- ☐ Repair or Modify Equipment or Machinery
- ☐ Use additional Protective Equipment
- ☐ Install Machine Guarding
- ☐ Other. (Please Describe Below)

PROPOSED COMPLETION DATE:

Comments:

Supervisor Signature: ☞

Date: