

### Supervisor's Report of Accident

Employee involved: \_\_\_\_\_ Location where accident occurred: \_\_\_\_\_

Office Location: \_\_\_\_\_ Time employee reported to work: \_\_\_\_\_

Machine or equipment employee was working with: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_ a.m. p.m.

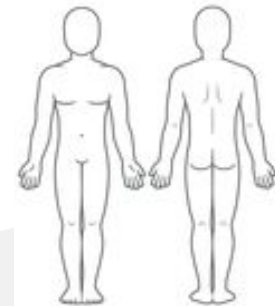
If an injury occurred, was it treated  On-site  EMS  Clinic  Hospital  Other \_\_\_\_\_  Near miss, no injury

Following treatment, the injured employee returned to work: \_\_\_\_\_ (Circle body part injured)

Same day  Next shift  Lost time at:  Previous job  Modified work

Completely describe accident (who, what, when, where, why):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Body parts injured: \_\_\_\_\_

Nature of injury: \_\_\_\_\_ Accident Type: \_\_\_\_\_

Analyze and then describe the underlying cause of the accident, in your opinion, considering Policies, Procedures, Equipment, Training, and supervisor practices. (Note employee's carelessness is not a cause) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Analyze and describe the Preventive Measures you recommend to address the underlying causes of the accident, considering Company Policies, Procedures, Equipment, Training, and Supervisor Practices. (Note – just telling the injured employee to be more careful after the accident is an incomplete supervision practice) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisors Signature

Date

Employee Signature

Date

Person or position who would be responsible for implementing the above: \_\_\_\_\_

Action(s) or corrective action(s) taken to prevent reoccurrence of the above incident or the like: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date corrective action(s) completed: \_\_\_\_\_ By: \_\_\_\_\_