

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: _____

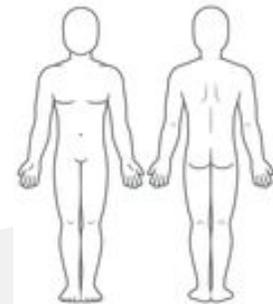
Occupation: _____ Date of accident: _____ Time of accident: _____ a.m. p.m.

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: _____