



# SUPERVISOR'S ACCIDENT / INJURY INVESTIGATION REPORT

## SUPERVISOR INFORMATION

Company Name \_\_\_\_\_ Location \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## INJURED EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_ Job Title \_\_\_\_\_

## ACCIDENT INFORMATION

Date of Accident/Injury \_\_\_\_\_ Time of Accident/Injury \_\_\_\_\_

Location of Accident/Injury \_\_\_\_\_ Severity of Accident/Injury \_\_\_\_\_

Medical Treatment: \_\_\_ Yes \_\_\_ No

Fatality: \_\_\_ Yes \_\_\_ No

Detailed narrative description of the accident. (How did the accident occur?) *(Continue on page 2 if more space is needed)*

Unsafe mechanical/physical/environmental condition at the time of accident (be specific):

Unsafe act by the injured employee or any other contributing to the accident (be specific):

Personal protective equipment required and not used? (protective glasses, safety shoes, safety hat, safety belt)

## SUPERVISOR'S APPRAISAL AND RECOMMENDATION

What can be done to prevent a recurrence of this type of accident? (modification of machine, mechanical guards, correct environment, training?)

*By typing my name below, I acknowledge this as my signature, affirming the accuracy of the provided information and agreeing to be bound by the terms of this document.*

Supervisor's Signature \_\_\_\_\_



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