

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

This form is to be completed by the injured employee's immediate Supervisor using all resources available, i.e., injured employee, witnesses, and involved equipment. The employee's Manager will review the form, sign it and return it to the office of the Supervisor, Environmental Health and Safety within 24 hours of the accident.

Name of injured _____ Date/Time of Injury _____

Department _____ Date/ Time Reported _____

Job Title _____ Hire Date _____

Where injury occurred _____

Where was employee sent for care of the injury? _____ Company Nurse _____ Company Doctor _____

Private Doctor _____ Other _____

Emergency Room _____

Will employee miss time from work due to the accident? _____

Can you find any light duty, if necessary for the employee to continue working? _____

Names of Witnesses (if any) _____

Witness' Statement (if more room is needed use a separate page) _____

Describe in detail how the accident occurred, including the name and number of the equipment involved _____

In your opinion, was the accident caused by (check all that apply):

PHYSICAL CAUSES (Unsafe Conditions)

PERSONAL CAUSES (Unsafe Acts)

- POOR HOUSEKEEPING (misplaced materials, etc.)
- LACK OF PROPER GUARDS (mechanical or electrical)
- IMPROPER APPAREL (goggles, shoes, loose clothing, etc.)
- DEFECTIVE EQUIPMENT (hand tools, ladders, etc.)
- DEFECTIVE FLOORS, STAIRWAYS, RAMPS, etc.
- POOR WORKING CONDITIONS (light, ventilation, etc.)
- NOT OTHERWISE CLASSIFIED (describe)

- DANGEROUS PRACTICES (undue haste, etc.)
- INABILITY (inexperience, poor judgement, etc.)
- INCOMPLETE KNOWLEDGE OF JOB AT HAND
- DISOBEYING RULES
- UNFIT (weak, easily fatigued, easily excited, etc.)
- NOT OTHERWISE CLASSIFIED (describe)

What could be done NOW to prevent future accidents of this type? (E.g. increase training, use of new or existing safety devices, etc.) _____

What action has been taken to correct the cause of the accident? _____

Comments you may wish to make regarding employee's accident/incident: _____

Signature of Supervisor _____

Department _____

Date _____

Signature of Manager _____

Department _____

Date _____

EMPLOYEE ACCIDENT REPORT
(to be completed by employee injured)

Name _____ Department _____

Date of Accident _____ Day _____ Time _____

Describe in your own words what happened _____

Did any equipment, material, or procedure contribute to the accident (ex. Machine, object being moved, floor)? YES _____ NO _____
if yes, describe in detail.

Did anyone see the accident? YES _____ NO _____ If yes, list the witnesses (those who saw what happened).

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Did you report the accident to your supervisor? YES _____ NO _____

If so, to whom did you report it? _____

Were you injured? YES _____ NO _____ If so, what part of your body was injured? _____

Have you ever injured that part of your body before? YES _____ NO _____ If yes, when and how?

Describe _____

If injured, did you receive immediate first aid? YES _____ NO _____

If no, why not? _____

What could be done by you, your supervisor, maintenance, or others to prevent this type of accident? _____

MY ANSWERS ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISSTATEMENT OF FACT IS GROUNDS FOR RELEASE. I ALSO AUTHORIZE DOCTORS, HOSPITAL AND THE WORKERS' COMPENSATION COMMISSION OF ANY STATE TO RELEASE INFORMATION ABOUT ME TO THE COMPANY. I RELEASE ANY PERSON GIVING SUCH INFORMATION FROM ANY LIABILITY RESULTING THEREFROM.

Date _____ Signature _____

SAFETY INCIDENT INVESTIGATION REPORT

THIS INVESTIGATION IS BEING CONDUCTED TO IDENTIFY THE CAUSES AND OR CONDITONS
OF AN INCIDENT TO PREVENT FUTURE OCCURRENCES.

SECTION I.

1. Date of incident: _____ 2. Time of Incident: _____ 3. Time Reported: _____
4. Reported to Whom: _____ 5. Department: _____
6. Location of Incident: _____
7. Description of the incident: _____

8. Describe the underlying causes, or conditions of the incident: _____

9. Describe any action taken after the incident: _____

SECTION II.

SAFETY

1. Incident recordability (Circle One)
- | | | |
|-----------|-------------------|---------------|
| FIRST AID | MEDICAL TREATMENT | ILLNESS |
| LOST TIME | PROPERTY DAMAGE | ENVIRONMENTAL |
| NEAR MISS | | |
2. Was there injury? _____ 3. If yes, what was the nature of the injury and what parts of the body were affected?

4. Was treatment given? _____ 5. By Whom? _____
6. If yes, give a description of the treatment _____
7. Describe unsafe acts, conditions, or hazards: _____

8. Was the individual Drug Tested? _____
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INCIDENT ANALYSIS

SECTION III.

ACCIDENT INVESTIGATION

-Detailed explanation of incident:

- Teams and individuals involved:

- Witness observations and statements:

- Recommended training, systems, or process improvements that are needed to prevent future occurrences:

SECTION IV.

CONCLUSIONS:

SECTION V.

FOLLOW UP:

Signature

Date

INCIDENT NO. _____