

Supervisor's Accident Investigation Report

Accidents & near accidents, whether resulting in injury or not, should be investigated to determine cause and means of preventing recurrence.

PERSON INJURED:

NAME _____ JOB TITLE _____ DEPARTMENT _____
NATURE OF INJURY* _____ PART OF BODY INJURED* _____
TYPE OF ACCIDENT* _____ EQUIPMENT, OBJECT OR SUBSTANCE CAUSING INJURY _____ JOB BEING PERFORMED _____

PROPERTY DAMAGE:

PROPERTY _____ DESCRIPTION OF DAMAGE _____ EQUIPMENT, OBJECT OR SUBSTANCE CAUSING INJURY _____

DESCRIPTION OF ACCIDENT:

Describe how the accident occurred (use a diagram if necessary):

ANALYSIS:

What were the unsafe acts (if any)?*

What were the unsafe conditions (if any)?*

What were the hazardous conditions (if any)?*

CORRECTIVE ACTION:

Actions to be taken:

Action already taken:

Contributing factors:*

INVESTIGATION REPORT:

COMPLETED BY _____ DATE _____ FIRST AID CASE (TREATED INTERNALLY) _____ MEDICAL TREATMENT BY PHYSICIAN _____

TO BE COMPLETED BY HUMAN RESOURCES

Lost Time: ___Yes **Restrictions:** ___Yes **Witnesses:** ___Yes **Completed Report:** ___Yes **Employee Salary:** _____
___No ___No ___No ___No

Comments: _____

HUMAN RESOURCES MANAGER _____

DATE _____

*SEE ATTACHED CHECKLIST