

# Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

Location where accident occurred		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/> Job site: Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of accident or illness
Who was injured?		<input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee		Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>
Length of time with firm	Job title or occupation	Name of dept. normally assigned to	How long has employee worked at job where injury or illness occurred?	
What property/equipment was damaged?			Property/equipment owned by:	
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation?				
How did injury/illness occur? List all objects and substances involved.				
Part of body affected/injured? Any prior physical conditions? If so, what? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Nature and extent of injury/illness and property damaged (be specific)				

**PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Failure to lockout   | <input type="checkbox"/> Improper maintenance          | <input type="checkbox"/> Poor housekeeping             |
| <input type="checkbox"/> Failure to secure    | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation              |
| <input type="checkbox"/> Horseplay            | <input type="checkbox"/> Inoperative safety device     | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress       | <input type="checkbox"/> Lack of training or skill     | <input type="checkbox"/> Unsafe equipment              |
| <input type="checkbox"/> Improper guarding    | <input type="checkbox"/> Operating without authority   | <input type="checkbox"/> Unsafe position               |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Other _____                   |

Supervisor's corrective action to ensure this type of accident does not recur: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes \_\_\_\_\_ No \_\_\_\_\_
- Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Did employee promptly report the injury/illness? ..... Yes \_\_\_\_\_ No \_\_\_\_\_
- Is there modified duty available? ..... Yes \_\_\_\_\_ No \_\_\_\_\_

Investigator's Signature:	Title	Date
Department Head Signature	Title	Date