

## SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Instructions: Supervisors should investigate the accident as soon as it is reported by the employee, but **no later than the end of the workday or shift**. This investigation is to be forwarded to Human Resources no later **than 48 hours** after the accident is reported. This form is to be completed **by supervisors only**.

Name of Supervisor: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Title: \_\_\_\_\_

Date of incident: \_\_\_/\_\_\_/\_\_\_ Time of incident: \_\_\_:\_\_\_ am/pm

Incident reported to you on: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_:\_\_\_ am/pm

Location of incident within the facility (kitchen, classroom #, hallway #, outside (where?), etc.  
(be specific): \_\_\_\_\_

Did the employee seek medical treatment from a doctor or nurse? Yes or No

Name of Doctor, if known: \_\_\_\_\_

If No, explain: \_\_\_\_\_

Did the employee report any injuries? (Specific body parts affected): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What happened? Describe the incident as it was reported to you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why did it happen? (List any circumstances, unsafe actions, or unsafe conditions you believe contributed to the incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What have you done or recommend be done to prevent a recurrence of this type of accident?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date