

Supervisor Accident Report

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

General Information

Employee Injured:	Date & Time Reported: ___/___/___ : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Date & Time of Incident: ___/___/___ : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of Incident:	Witness:	Supervisor: (___) -
Job Title:	Department:	Property/Equipment Damaged: <input type="checkbox"/> YES <input type="checkbox"/> NO

List Property/Equipment Damaged:

Was the employee performing normal job duty at the time of injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	What was the employee doing when incident occurred?: _____ _____
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How did incident occur?

Part of body affected/injured. (Specific Details):

Root Cause

Incident Type: BEHAVIOR PROCESS EQUIPMENT

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 Limitation	<input type="checkbox"/> Other _____

Explain:

Corrective Actions

Was the employee cautioned for failure to use personal protective equipment?

Was the employee coached on proper safety procedures regarding incident?

Was the employee trained on proper safety procedures regarding incident?

∞ List training video(s): _____ Date: ___/___/___

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

Supervisor (Print)

Supervisor (signature)

Date