

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

EMPLOYEE INFORMATION

Name of Injured Employee: _____ Occupation: _____
(Last, First, Middle)

Describe the Injury: (body part & severity) _____

Did the employee miss any work? yes no List days off work: _____

ACCIDENT/OCCURRENCE INVESTIGATION REPORT

Location of Accident/Occurrence: _____ Date/Time: _____

What was the injured person doing and what were the circumstances leading up to the Accident/Occurrence: _____

Describe the Accident/Occurrence: _____

Who reported the Accident/Occurrence to you?

Who witnessed the Accident/Occurrence?

Did you personally investigate: yes no If not, did anyone? yes no Who? _____

Unsafe condition? (i.e., oily floor, broken steps? Be specific.) _____

Unsafe action or unsafe work procedure? (i.e., adjusting moving machine, remove guard? Be specific.) _____

Remedy: As a supervisor, what action have you taken or do you propose to take to prevent a repeat accident: _____

Principal/Supervisor: _____ (signature) _____ (date)



Report this accident immediately!

Call 815.966.3908 or 815.966.3221, and Fax this report to 815.966.3148