

## Supervisor's Report of Accident

To be completed jointly by the Employee and Supervisor

Revised: 12/09/13

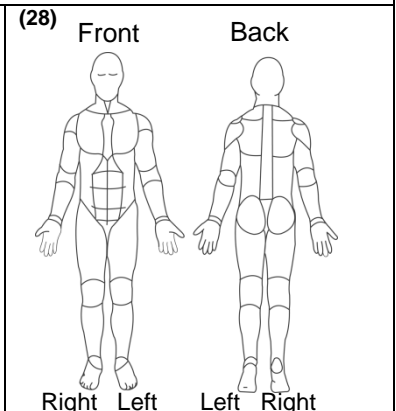
### GENERAL INFORMATION - REQUIRED

EMPLOYEE SOCIAL SECURITY NUMBER (1)		TODAY'S DATE (2)	SUPERVISOR NAME (3) & PHONE (4) (at time of injury)	
DATE OF CLAIMED INJURY (5)	TIME OF INJURY (6) AM or PM (circle)	TIME EMPLOYEE STARTED WORK ON DAY OF INJURY: (7) AM or PM (circle)		DATE REPORTED (8)
EMPLOYEE NAME (last, first, middle) (9)		GENDER: (10) <input type="checkbox"/> Female <input type="checkbox"/> Male		MARRIED: (11) <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME ADDRESS (12)		HOME PHONE NUMBER (13)		DATE OF BIRTH (14)
CITY, STATE, ZIP CODE (15)		OCCUPATION (16)	DEPT. (17)	
LOCATION OF ACCIDENT (18)	PART OF BODY AFFECTED (19)	NATURE OF ACCIDENT (20) (i.e. - slip/fall, strain, cut)		

### ACCIDENT CONDITIONS - REQUIRED

<b>INDOORS</b>	<b>OUTDOORS</b>
NATURE OF ACTIVITY (21)	NATURE OF ACTIVITY (24)
WHAT WAS THE ISSUE? (22)	WHAT WAS THE ISSUE? (25)
ENVIRONMENTAL / CHEMICAL FACTORS (23)	WEATHER & SURFACE CONDITIONS (26)

**EMPLOYEE'S WRITTEN STATEMENT OF WHAT HAPPENED ( Be DETAILED & indicate areas affected on body image at right) (27)**



**WITNESS STATEMENT OF WHAT HAPPENED (29)**

Witness name: (30) Phone: (31)

### ACCIDENT CAUSES

**EQUIPMENT / TOOLS (32)**  N/A

What equipment was involved?

Was the wrong tool or piece of equipment used?  Yes  No

Was there an unsafe condition involved with the tool?  Yes  No

Corrective action required?:  Repair  Replace  Other (Describe below)

Explain: (33)

<b>SURROUNDINGS (34)</b>	<b>CORRECTIVE ACTIONS RECOMMENDED</b>
Poor Lighting? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Poor Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Poor Housekeeping? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Poor Visibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vehicle / Eq. Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**EMPLOYEE - REQUIRED (35)**

Length of employment in years: \_\_\_\_\_ years

New employee?  Yes  No If Yes, number of months employed: \_\_\_\_\_ months

Was employee new to job?  Yes  No If Yes, why? \_\_\_\_\_

Was employee trained?  Yes  No If No, why? \_\_\_\_\_

Was employee at fault?  Yes  No If Yes, how? \_\_\_\_\_

Did the accident involve?:

Horseplay  Inattention  Poor Judgment  Unauthorized Operation  Student

Explain answer(s) to above:

**PROCEDURE (36)**

Was there a procedure associated with the task at the time of the accident?  Yes  No

If Yes, was it being followed correctly:  Yes  No (If No, explain)

Did the procedure fail to prevent the accident?  Yes  No (If Yes, explain how)

Corrective Actions Recommended (CAR) at this time:

**SUPERVISOR (37)**

Do you think this was a preventable accident?  Yes  No (If No, explain)

Was the job properly planned and staffed?  Yes  No (If No, explain)

Was the job properly supervised?  Yes  No (If No, explain)

Have similar accidents occurred in the past?  Yes  No (If No, explain)

Explain / Comment:

**IMMEDIATE ACTIONS TAKEN – REQUIRED (38)**

EMPLOYEE:

First Aid  Yes  No

Medical Attention  Yes  No

Rest / Modified Duty  Yes  No

Other: \_\_\_\_\_

EQUIPMENT

Locked-Out

Repaired

Replaced

Discarded

Other

SURROUNDINGS

Modified

Cleaned-up

Posted

Evacuated

Other

Explain the above:

**SUMMARY OF CORRECTIVE ACTIONS RECOMMENDED AT THIS TIME**

EMPLOYEE: (39)

PROCEDURE: (40)

TRAINING: (41)

EQUIPMENT/TOOLS: (42)

SURROUNDINGS: (43)

**ACKNOWLEDGEMENTS - REQUIRED**

EMPLOYEE (44)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUPERVISOR (45)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date