

Supervisor's Accident Investigation Form

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A

Date of Accident

Time of Accident

AM.

PM.

Location where accident occurred

Employer's premises?

Yes

No

No

Date of training

If any, what property/equipment was damaged?

Who owned the property/equipment?

What machine or tool was being used?

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Details:

List all objects and substances involved

Part(s) of the body affected

N

A

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Details:

P

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D

Failure to Lockout

Improper Maintenance

Poor Housekeeping

Failure to Secure

Poor Ventilation

Improper Personal Protective equip.

Horseplay

Unsafe Process

Unsafe Equipment

Inoperative Safety Device(s)

Improper Dress

Lack of Training or Skill

Improper Guarding

Yes No

Was employee cautioned for failure to use Personal Protective Equipment?.....

Yes No

Did the employee promptly report injury/illness?.....

Yes No

Is there modified duty available?.....

Yes No

Supervisors Name:

Supervisors Title:

Supervisors Signature:

Date:

Phone Number: