

Supervisor's Accident Investigation Form

Name of Injured Person _____

Date of Birth _____ Telephone Number _____

Address _____

City _____ State _____ Zip _____

What part of the body was injured? Describe in detail. _____

What was the nature of the injury? Describe in detail. _____

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? _____

Names of all witnesses: _____

Date of Event _____

Time of Event _____

Exact location of event: _____

What caused the event? _____

Were required safety procedures, equipment, or tools in place and used? If not, what was wrong? _____

Doctor's Name _____

Hospital Name _____

Recommended preventive action to take in the future to prevent reoccurrence. _____

Supervisor Signature _____

Date _____

Continue with Investigation on the following page if directed to do so by a Safety Committee member.