## 2) Supervisor's Accident Investigation Form

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?	Name of Injured Person		
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?	Date of Birth		
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?	Address		
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?	City	State	Zip
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  Exact location of event:  What caused the event?	What part of the body was injured	d? Describe in detail.	
Pate of Event Time of Event Exact location of event: What caused the event? Time of Event	What was the nature of the injury	? Describe in detail.	
Pate of Event Time of Event Exact location of event: What caused the event? Time of Event			
Date of Event Time of Event  Exact location of event: What caused the event?	•		· · · · · · · · · · · · · · · · · · ·
Date of Event Time of Event  Exact location of event: What caused the event?	Names of all witnesses:		
Exact location of event:			Time of Event
What caused the event?			
	What caused the event?		
Were required safety procedures, equipment, or tools in place and used? If not, what was wrong?	Were required safety procedures,	equipment, or tools i	in place and used? If not, what was wrong?
Doctor's Name	Doctor's Name		
Hospital Name	Hospital Name		
Recommended preventive action to take in the future to prevent reoccurrence.	Recommended preventive action	to take in the future t	o prevent reoccurrence.
Supervisor Signature Date	Supervisor Signature		 Date
Continue with Investigation on the following page if directed to do so by a Safety Committee member	Continue with Investigation on the	e following page if dir	ected to do so by a Safety Committee member.

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