

2) 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.