

SUPERVISORS ACCIDENT INVESTIGATION REPORT

This form shall be used by all supervisors assigned to investigate accidents or injuries. Once completed submit this form to Risk Management; retain a copy for the department files.

TO BE COMPLETED BY INVESTIGATING SUPERVISOR

EMPLOYEE NAME:		CONTACT NUMBER:	
JOB TITLE:		DEPARTMENT:	
SUPERVISOR:		CONTACT NUMBER:	

DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF INCIDENT:			
PERSON NOTIFIED:			

DESCRIBE ACCIDENT:

(What task was the employee assigned? What tools or equipment was being used?)

NAMES(S) OF ANY WITNESSES:

SAFETY GUIDELINES/PROCEDURES:

(Were safety guidelines/procedures in place and used, please describe?)

RECOMMENDATION:

(Recommended preventative action to take in the future to prevent a reoccurrence?)

Supervisor Signature

Date

Department Head Signature

Date