

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

(To be filled out by the supervisor)

1. Name of Supervisor: _____
2. Name of Employee: _____
3. Date the Accident/Injury was Reported: _____
4. Ask the injured employee how the accident happened (what he/she was doing, job task, etc.). Based upon the description given, the seriousness of the accident or the circumstances of the accident, you may need to visit and survey the accident scene. If so, note any tools, equipment, materials and persons involved in the accident. Based upon the description given and/or surveyed findings, describe what you feel happened.
5. Did the employee contribute to the cause of this accident by doing or failing to do something? i.e., neglecting safety rules, horse play, inattention, etc. If yes, please explain.
6. Did someone or something else contribute to this accident? If yes, please explain.
7. What safety measures should be taken to prevent a similar accident? (rules, training, etc.)

Completed by

Signature

Date