

## Supervisor's Accident Investigation Report

Injured Employee:		Date of Report:	
Occupation:	Department:	Shift:	
Supervisor:		Date and Time of Accident:	
Date Reported to Supervisor:		If Date and Time of Accident varies from Date	
Reported to Supervisor, explain delay:			
Was employee sent for	<input type="checkbox"/> medical attention	<input type="checkbox"/> first aid?	
Description of Accident (Detail what employee was doing and what tools, equipment, structures or fixtures were involved):			
How did accident/injury occur?			
Nature of injury; what body part was affected?			
What caused the accident? (There could be multiple causes.)			
Was there any defect or unsafe condition of the work area, job or equipment? If yes, explain:			
Was a safe practice rule violated? If yes, explain:			
What should be done, and by whom, to prevent recurrence of this type of accident in the future?			
What action are you taking to make sure this corrective action is completed?			
Supervisor's signature:			
Date:			