



Supervisor's Investigation

(completion of all form fields is mandatory)

Supervisor Name:		Supervisor Job Title:	
Supervisor Email:		Supervisor Phone:	
Injured Employee Name:		Injured Employee Title:	
Date of Accident:		Time of Accident:	

Accident Location:	
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What was employee doing when injury/illness occurred? What machine or tool was being used?

Describe bodily injured sustained (be specific about body part(s) affected) and if any property was damaged:

Circle ALL items that contributed to the incident – At least ONE item MUST be selected:

Improper instruction
Lack of training or skill
Operating without authority
Unsafe position
Horseplay
Physical or mental impairment
Failure to secure

Failure to lockout
Improper dress
Failure to utilize safety device
Missing safety device
Improper protective equipment
Unsafe/damaged equipment
Poor housekeeping

Unsafe arrangement or process
Poor ventilation
Improper guarding
Improper maintenance
Inoperative safety device
Other: _____

Supervisor action taken to prevent this accident from recurring – at least one action is REQUIRED

Supervisor Signature

Date