

Supervisor's Accident Investigation Form

To Be Completed By The Employee's Immediate Supervisor Within 5 Days of Accident And Returned To Ron Ardelean

Date of Accident Time of Accident AM. PM.

Location where accident occurred Employer's premises? Yes No

Employee's Name Length of Employment Job Title

Name of Department How long has employee done this type of work?

Has this employee had any formal training in this position or equipment used to perform this duty?..... Yes No

Date of training If any, what property/equipment was damaged?

Who owned the property/equipment? What machine or tool was being used?

What Was The Employee Doing When Injury Occurred?

Details:

List all objects and substances involved

Part(s) of the body affected

Nature And Extent of Injury/Illness And or Property Damage

Details:

Please Indicate All of The Following Which May Have Contributed To The Injury/Illness or Property Damage

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Failure to Lockout | <input type="checkbox"/> Improper Maintenance | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Failure to Secure |
| <input type="checkbox"/> Poor Ventilation | <input type="checkbox"/> Improper Personal Protective equip. | <input type="checkbox"/> Horseplay | <input type="checkbox"/> Unsafe Process |
| <input type="checkbox"/> Unsafe Equipment | <input type="checkbox"/> Inoperative Safety Device(s) | <input type="checkbox"/> Improper Dress | <input type="checkbox"/> Lack of Training or Skill |
| <input type="checkbox"/> Improper Guarding | <input type="checkbox"/> Operating Without Authority | <input type="checkbox"/> Unsafe Position | <input type="checkbox"/> Improper Instruction |
| <input type="checkbox"/> Wet Floor | <input type="checkbox"/> Physical/Mental Impairment | <input type="checkbox"/> Other: Please Explain In Space Provided Directly Below | |

Supervisors Corrective Action To Ensure This Type of Injury/Accident Does Not Recur:

Details:

Was employee trained in the appropriate use of Personal Protective Equipment? Yes No

Was employee cautioned for failure to use Personal Protective Equipment?..... Yes No

Did the employee promptly report injury/illness?..... Yes No

Is there modified duty available?..... Yes No

Supervisors Name: Supervisors Title:

Supervisors Signature: Date: Phone Number: