

Supervisor Report of Accident Investigation (Form)

Name of Employee: _____

Date of Report _____

Occupation: _____

Dept. _____

Length of Employment: _____

Age: _____

Date and Time of Accident: _____

Exact Location: _____

Description of Accident – What was employee doing? What tools/equipment were they using?

Names of Witnesses

Nature of Injuries – What part of employee's body was injured? _____

Did employee report the accident to you immediately? _____

If not, why? _____

Did employee go to a doctor for treatment? _____ What doctor? _____

Did employee go to a hospital? _____ Which one? _____

Did employee return to work after the accident? _____ When? _____

Based upon your investigation, what caused this accident?

What should be done, and by whom, to prevent a similar accident from occurring in the future?

What is being done to see that this does not happen again?

Signature

Date