

SUPERVISOR ACCIDENT INVESTIGATION REPORT

Employee Name: _____

Job Title: _____ **Department:** _____

Date of Accident: _____ **Shift Start Time:** _____

Time of Accident: _____

When Did You Learn of the Injury? _____

Did Injured Employee Receive First Aid? Yes _____ No _____

Was Injury Report or First Aid Delayed? Yes _____ No _____

If Yes, Why? _____

Was Employee Referred for Outside Medical Attention: Yes _____ No _____

If so, Where? _____

Location of Accident: _____

Describe the Nature of the Injury: _____

Describe Exactly What Happened: _____

List Any Witnesses: _____

Recommended Corrective Action: _____

Corrective Action Taken? Yes _____ No _____

Work Order Written? Yes _____ No _____

Supervisor Signature

Date