Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official) Location where accident occurred Employer's Premises: Yes No Date of accident or illness Job site: Yes No Who was injured? Employee Time of accident a.m. Non-Employee Length of time with firm | Job title or occupation Name of dept. normally assigned to How long has employee worked at job where injury or illness occurred? What property/equipment was damaged? Property/equipment owned by: What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation? How did injury/illness occur? List all objects and substances involved. Part of body affected/injured? Any prior physical conditions? If so, what? Yes No Nature and extent of injury/illness and property damaged (be specific) PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS Failure to lockout Improper maintenance Poor housekeeping Failure to secure Improper protective equipment _ Poor ventilation ____ Horseplay ____ Inoperative safety device __ Unsafe arrangement or process ___ Improper dress __Lack of training or skill ____ Unsafe equipment Improper guarding __ Operating without authority ____ Unsafe position Improper instruction _ Physical or mental impairment ____ Other ___ Supervisor's corrective action to ensure this type of accident does not recur: Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures?... Yes ____ No ____ Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ____ No ____ Supervisor's name Supervisor's signature Phone# Date