

## SUPERVISOR'S REPORT OF ACCIDENT INVESTIGATION

(To be completed immediately after accident)

1. JOB NAME \_\_\_\_\_
2. JOB LOCATION \_\_\_\_\_
3. NAME OF INJURED PERSON \_\_\_\_\_
4. OCCUPATION WHEN INJURED \_\_\_\_\_
5. DESCRIPTION OF ACCIDENT \_\_\_\_\_
6. NATURE AND EXTENT OF INJURY \_\_\_\_\_
7. DATE AND TIME OF ACCIDENT \_\_\_\_\_
8. ESTIMATE OF DAYS LOST \_\_\_\_\_
9. UNSAFE CONDITION (refers to mechanical hazards as defective ladders, etc.) \_\_\_\_\_
10. UNSAFE ACT (refers to violation of safe practice rules as failure to wear hard hats) \_\_\_\_\_
11. WHAT I HAVE DONE TO CORRECT SITUATION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. WHAT I SUGGEST TO PREVENT A SIMILAR ACCIDENT \_\_\_\_\_  
\_\_\_\_\_
13. DATE FORM COMPLETED \_\_\_\_\_
14. SIGNATURE OF SUPERVISOR \_\_\_\_\_
15. COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SAFETY DIRECTOR  
ACCIDENT INVESTIGATION

JOB NAME \_\_\_\_\_ DATE \_\_\_\_\_  
JOB NO. \_\_\_\_\_ SUPT. \_\_\_\_\_  
DATE OF ACCIDENT \_\_\_\_\_  
NAME OF INJURED \_\_\_\_\_  
TYPE OF INJURY: \_\_\_\_\_

TIME LOST            YES \_\_\_\_\_ NO \_\_\_\_\_    DATE RETURNED TO  
WORK \_\_\_\_\_

TYPE OF TREATMENT:  
FIRST AID \_\_\_\_\_ BY WHOM \_\_\_\_\_  
EMERGENCY ROOM \_\_\_\_\_ WHERE \_\_\_\_\_  
HOSPITALIZATION \_\_\_\_\_ WHERE \_\_\_\_\_

WHAT WAS PERSON DOING?

HOW DID ACCIDENT OCCUR?

WHY DID ACCIDENT HAPPEN?

WAS THERE A FAILURE IN A SAFETY DEVICE OR PROCEDURE?  
IF SO, WHAT?

WHEN WAS THE LAST SAFETY REVIEW, DEMONSTRATION OR TRAINING GIVEN THIS PERSON ON TUIE TASK AT WHICH HE/SHE WAS INJURED?

WHAT TYPE WAS GIVEN?

HOW SHOULD IT BE IMPROVED?

INVESTIGATOR'S REMARKS:

INVESTIGATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

SAFETY COMMITTEE REVIEW:

MEETING DATE \_\_\_\_\_

THOSE PRESENT:

REVIEW OF SAFETY IN RELATION TO ACCIDENT

EQUIPMENT:

DEMOS:

PROCEDURES:

TRAINING:

REMARKS/RECOMMENDATION:

DATE PRESENTED IN SAFETY MEETING \_\_\_\_\_

# Employee Accident Statement

Employee's Name \_\_\_\_\_ Occupation/Trade/Rank \_\_\_\_\_

Years employed by employer? \_\_\_\_\_ Years/Months doing task causing injury? Yrs \_\_\_\_\_ Mths \_\_\_\_\_

Employee's immediate Supervisor \_\_\_\_\_ Date incident reported to Supervisor \_\_\_\_\_

What was the time of the incident? \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Incident Date \_\_\_\_\_

Time incident was reported to Supervisor \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Weather conditions at time of accident sunny \_\_\_\_\_ cloudy \_\_\_\_\_ rain \_\_\_\_\_ snow \_\_\_\_\_ temperature \_\_\_\_\_

Note: working inside in climate controlled conditions - weather not a factor yes \_\_\_\_\_ no \_\_\_\_\_

To whom (name and title) did you first report the injury? \_\_\_\_\_

Are you left-handed or right handed? left-handed \_\_\_\_\_ right-handed \_\_\_\_\_

Describe in detail the accident. Include equipment name(s) & type, material being processed and/or handled, materials dimensions, materials weight, exact accident location, what you were doing when the incident occurred, injury body area (left, right, or both) and body part, etc.

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If equipment was involved in the incident, was it equipped with adequate guards? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Safeguards in place, used, and in good condition? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Properly adjusted protecting bystanders and operators? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Hands and fingers kept clear of point of operation and other hazards? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Was the equipment being serviced at the time of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Did the equipment jam or malfunction at the time of the incident? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

If yes to either of the previous two questions, was appropriate lockout/tagout performed? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain in more detail the situation as you saw it: \_\_\_\_\_  
\_\_\_\_\_

# Employee Accident Statement

**Witness information:**

First name	Last name	Middle name (initial)	M/F	Age	Relationship to worker?	
_____	_____	_____	_____	_____	_____	( ) No relationship
_____	_____	_____	_____	_____	_____	( ) No relationship
_____	_____	_____	_____	_____	_____	( ) No relationship

In your opinion, does the work procedure need to be changed? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

In your opinion, is there a better way/tool of doing the job? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

If yes, what would you suggest? \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge

\_\_\_\_\_

**Employee's Signature**

**Date signed:** \_\_\_\_\_