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SUPERVISOR'S INVESTIGATION OF EMPLOYEE ACCIDENT/INJURY

This report will be provided to the Workers' Compensation Representative/HR within 24 hours of notification of the accident/injury

Employee: _____ **Date of Injury:** _____ **Time of Injury:** _____ **(Circle) AM PM**

Dept/Div: _____ **Supervisor:** _____ **Phone No:** _____

Job Title: _____ **Date Notified of Accident:** _____ **Date of Investigation:** _____

Shift: A ☐ B ☐ C ☐ **Start Time of Work Day:** _____ **: (Circle) AM PM** **Medical Treatment Provided (Circle) Y N**

Witnesses (attach statement for each)

Name: _____ **Title:** _____ **Phone Number:** _____

Name: _____ **Title:** _____ **Phone Number:** _____

Name: **Title:** **Phone Number:**

Describe the events immediately prior to the injury and the circumstances causing the employees' injury:

_____

_____

_____

Personal Protection Required (PPE): ☐ Foot Prot. ☐ Face/Eye Prot. ☐ Fall Prot. ☐ Respiratory Prot. ☐ Hand Prot.

☐ Head Prot. ☐ Lifting Assistance Device ☐ Apron/Chaps ☐ Back Belt ☐ Other: _____

☐ None Was PPE being used? ☐ Yes ☐ No Was injury caused by failure of the device(s) Yes ☐ No ☐

Object, equipment, or substance, which caused injury:

Choose factor (s), which directly or indirectly caused the accident to occur:

☐ Lack of Skill/Abilities ☐ Physical Weakness/Disability ☐ Carelessness ☐ Unsafe Act

☐ Failure to Use PPE ☐ Failure to Follow Procedures ☐ Unsafe Condition ☐ Undetermined

☐ Sudden Distraction ☐ Fatigue ☐ Client Assault ☐ Client Caused

Other-Describe _____

Other Factors:

☐ Poor Workplace Design ☐ Broken/Damaged Equipment/Object

☐ Inadequate Procedures ☐ Inadequate Resources ☐ Actions by Another Person/Employee

☐ Other-Describe:

Are your findings consistent with employee's description? Yes ☐ No ☐

Describe accident if different from employee's description: _____

_____

Describe actions taken to prevent reoccurrence:

_____

_____

Make recommendations to the Safety and Health Director/Committee. Provide additional attachments as required.

Supervisor's Signature: _____ **Title:** **Date:**

Dept. Head/Area Administrator Initials: **Date:**

Attachments: Witness Statements **Distribution:**