

# Supervisor's Report Of Accident

Instructions: This form must be completed when an employee suffers a work-related illness or injury. The completed form must be forwarded to HRM within 24 hours of an employee's work-related illness or injury.

Employee involved \_\_\_\_\_ Dept. where accident occurred \_\_\_\_\_

Employee's Regular Dept. \_\_\_\_\_ Equipment employee was working with \_\_\_\_\_

Occupation \_\_\_\_\_ Length of time on job where accident occurred \_\_\_\_\_

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ a.m.  p.m.  Shift \_\_\_\_\_

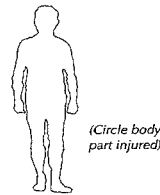
If an injury occurred, was it treated  On site  EMS  Clinic  Hospital  Other (describe) \_\_\_\_\_  Near miss-no injury

Following treatment the injured employee returned to work:

Same Day  Next Shift  Lost Time at:  Previous job  Modified work

Completely describe accident (who, what, when, where, why)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Body Part(s) injured \_\_\_\_\_

Describe the nature of the injury (cut, burn, crush, etc.) \_\_\_\_\_

Accident Type (slip, pushing, pulling, cooking, adjusting machine, etc.) \_\_\_\_\_

Analyze and then describe the underlying causes of the accident, in your opinion, considering Policies, Procedures, Equipment, Training, and Supervision Practices. (Note employee carelessness is not a cause)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Analyze and describe the Preventive Measures you recommend to address the underlying causes of the accident, considering Company Policies, Procedures, Equipment, Training, and Supervision Practices. (Note - just telling the injured employee to be more careful, after the accident, is an incomplete supervision practice)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Person or position who would be responsible for implementing the above: \_\_\_\_\_

Action(s) or corrective action(s) taken to prevent re-occurrence of the above incident or the like: \_\_\_\_\_

Date corrective action(s) completed: \_\_\_\_\_ By (Signature of individual): \_\_\_\_\_