

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

(To be filled out by the supervisor)

Date: ____/____/____

Name of Supervisor: _____

Name of Employee: _____

Ask the injured employee how the accident happened (what he/she was doing, job task, etc.). Based upon the description given, the seriousness of the accident or the circumstances of the accident, you may need to visit and survey the accident scene. If so, note any tools, equipment, materials and persons involved in the accident. Based upon the description given and/or surveyed findings, describe what you feel happened.

Do you (Principal/Supervisor) feel that the injured employee contributed to this accident by doing or failing to do something? Yes No If yes, please explain.

Did someone or something else contribute to this accident? Yes No If yes, please explain.

What safety measures should be taken to prevent a similar occurrence of this accident? (rules, training, etc.)

Use the following space to attach photographs or make drawing if necessary. Include captions on photos and name(s) of person(s) who took pictures/made drawing etc.