___ Non-Disabling
___ Disabling (lost time)

SUPERVISOR ACCIDENT INVESTIGATION REPORT

Name of Injured _____ Date & Time of Injury _____
Age _____ Length of Service _____ on Present Job
Occupation _____ Location of Accident _____
Nature of Injury _____

DESCRIPTION OF ACCIDENT

(This information is for use in preventing similar accidents.
Answer questions specifically as indicated by example.)

1) What Job Was Employee Doing? Include Tools, Machines and Materials Used.
(Example: Lifting a heavy box onto a four wheel truck.)

_____
_____
_____
_____

2) How Was Employee Injured?
(Example: The box slipped from his grasp and fell on his toes.)

_____
_____
_____
_____

3) Did Employee Use Common Sense (Safety)?
(Example: No. Tried to lift too heavy a load.)

_____
_____
_____
_____

4) What Was Defective, In Unsafe Condition or Wrong With Method?
(Example: Should have had help.)

_____
_____
_____
_____

5) What Equipment Should Be Used?
(Example: Use of forklift not practical in this location.)

_____
_____
_____
_____

6) What Steps Were Taken To Prevent Similar Injuries?
(Example: Instructed men to assist each other in lifting heavy loads.)

_____
_____
_____
_____

INVESTIGATED BY: _____ DATE: _____