

SUPERVISOR ACCIDENT INVESTIGATION FORM

1) Full Name

2) Street

City

State

Zip

3) Date of birth

4) Date hired

5) Male

Female

6) Date of injury or illness

7) Time employee began work AM/PM

8) Time of event AM/PM Check if time cannot be determined

*9) What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

*10) What happened? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

*11) What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

*12) What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Supervisor's signature _____ Date _____

***REQUIRED FIELDS**