

Accident and Incident Report Supervisor

Employee First Name		Employee Last Name	
Employee Job Title		Employee Department	
Date of Accident	Time of Accident	Location of Accident	

Had the injured employee been properly instructed in safe and efficient methods? Yes No

If yes, when? _____

Did the injured employee violate any instructions? Yes No

If yes, which instructions were violated? _____

Was the necessary protective equipment being worn? Yes No

Did hazardous conditions contribute to the injury? Yes No

Did horseplay cause the injury? Yes No

Was the injury caused by something that needed repairs? Yes No

Was the injury caused by an unsafe act or behavior? Yes No

Did the employee report the injury to you, the supervisor, immediately after it occurred? Yes No

If no, when was the injury reported to you? _____

Please describe what the injured employee was doing at the time of the accident, what happened, who was involved, and the nature of the injury.

Did the injured employee or another person do something incorrectly?

What unguarded or unsafe condition of machinery, equipment, building or premises was involved?

After the injury, what did the supervisor and/or employer do to correct the conditions that caused the injury?

What should the employer do to prevent injuries like this from occurring in the future?

Did the employee go to the doctor or hospital? Yes No

Has the employee lost time from work? Yes No

Has the employee returned to work? Yes No

Supervisor Name	Supervisor Title	Supervisor Phone Number
Supervisor Signature		Date