



Supervisor's Accident Investigation Form

Name of Injured Person: _____

Date of Injury: _____ Time of Injury: _____ AM PM

Location where the injury took place: _____

What part of the body was injured? _____

What was the nature of the injury? Describe in detail: _____

Did the employee go to the doctor or hospital? yes no Comment: _____

Describe fully the situation of the accident. Ex: what was the employee doing prior to the event? What equipment, tools were being used? Was there anything in the environment, such as a wet floor?

What caused the event? _____

Were safety regulations in place and used? If not, what was wrong? _____

Recommended preventive action to take in future to prevent a recurrence: _____

Supervisor Name (print)

Signature

Date

Please forward to HR