SUPERVISORS REPORT of an ACCIDENT

Supervisors name: _____

Date: _____ Exact time accident was reported to you: _____

Describe the accident include what part(s) of the body were injured: _____

_____ _____

_____

_____.

What were the causes and/or contributing circumstances? _____

_____

_____

_____

_____

_____.

Was the employee competent and skillful in his/her job? _____

_____

Was first aid required? _____

Did the accident require treatment by a physician? _____

Will the injury require further medical treatment? _____

Will this be a time lost injury? _____

Was the employee instructed to keep the company informed of his/her progress? _____

_____.

Has this employee had other on-the-job accidents? _____ How many? _____

Other details: _____

_____

Supervisor's signature: _____ Date: _____

COMPLETE AND RETURN THIS FORM TO THE SAFETY OFFICE AS SOON AS POSSIBLE – REPORT ALL INJURIES NO MATTER HOW MINOR!