

# Supervisor's Accident Investigation Report

*(Completed by Supervisor of Injured Employee)*

Company		Address	
Name of Injured Employee	Dept	Position	How long in position?
Date of Accident	Time of Accident		Nature of Injury
Injury Resulted in:      Injury      Fatality      Property Damage (specify)			
Medical Treatment			Days Lost Time?
none	First Aid	EMT or Paramedic	Doctor or Clinic
			Hospital
Drug Tested?	Yes	No	Alcohol Tested?    Yes    No
What was the injured employee doing at the time of the accident?			
How did the accident occur (brief description)?			
What environmental factors (unsafe conditions) contributed to the accident?			
What behavioral factors (unsafe acts) contributed to the accident?			
What corrective actions can be taken to prevent recurrence?			
What corrective actions have been taken to prevent recurrence?			
Names of Witnesses			
Supervisor	Date	Reviewed by:	Date