

Supervisor's Accident Investigation Form

Name of Injured Person _____

What part of the body was injured? Describe in detail. _____

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

Describe fully how the accident happened? What was employee doing prior to the event? What equipment and/or tools were used? _____

Names of witnesses:

Date of Event _____

Date First Report of Injury Filed _____

Exact location of event: _____

What caused the event? _____

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

Employee went to doctor/hospital? Doctor's Name _____

Hospital Name _____

Do you have questions about the claim? If yes, why? _____

Recommended preventive action to take in the future to prevent reoccurrence.

Supervisor Signature

Date