

Company Name
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Injured Employee Name _____ Occupation _____
Age _____ Sex _____ Years in Job _____ Site of Incident _____
Date of accident _____ 20 _____ Time of injury _____ a.m. / p.m.
Weather conditions _____

First aid given by _____ Time applied _____ a.m. / p.m.
Treating physician _____
(Name) (Address) (Date seen)

Supervisor _____ Witness(es) _____

Date reported to employer _____ 20 _____ Time reported to employer _____ a.m. / p.m.
Body parts injured (indicate R or L) _____ Were the injuries visible? ___ yes ___ no

1. Description of what happened

2. Brief description and estimated cost of property damage

3. Description of injury

4. Direct cause of injury

5. Description of events leading to accident

6. Principal preventative measures and date employer will implement. This may include worker misconduct. Specify.

Supervisor's signature _____
Title _____
Date _____

(Use reverse side if necessary and sketch diagram of accident scene.)