Supervisor's Accident Investigation Form

Name of injured person_____
Date of Birth_____ Telephone Number_____
Address_____
City_____ State_____ Zip_____
Male Female

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, tools being used? _____
_____
_____

Name of all witnesses: _____
_____
Date of event _____ Time of event_____
Exact location of event: _____

What caused this event? _____
_____
_____

Were Safety regulations in place and used? If not, what was wrong? _____
_____
Employee went to doctor/hospital? Doctors Name _____
Hospital Name _____

Recommended preventive action to take in the future to precent reoccurrence.
_____
_____
_____

_____ _____
Supervisor Signature Date