

Supervisor's Report of Accident



Employee's Name _____ Age _____ Sex _____

Social Security # _____

Job Position/ Title _____

Shift Hours _____ Day[s] off _____ Supervisor's Name _____

Date and Time of accident _____ Location _____

Task being performed when accident occurred _____

_____ To whom? _____

Date and time accident reported to you _____

Name[s] of witnesses _____

Accident resulted in: Injury Fatality Property Damage

First aid given? _____ Medical treatment required? _____ Workdays lost _____

Describe how the accident occurred _____

What actions, events or conditions contributed most directly to this accident? _____

Prior to this accident, were any incidents or near-misses reported? If so, please describe the incidents and the dates they were reported? _____

Could anything be done to prevent accidents of this type? If so, what? _____