

SUPERVISOR'S INVESTIGATION REPORT

(TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR)

(PRINT NEATLY OR TYPE)



Report Date: _____ Accident Date: _____ Time of Accident: _____

Name of Injured Employee: _____ Sex: _____ DOB: _____

Address: _____ City: _____ State: : ____ ZIP: _____

Social Security No: _____ Telephone No: (Work) _____

Date Employed: _____ Job Title: _____ Department: _____

Address/Specific Location of Accident: _____

Scheduled Days off: S M T W Th F S (check days off)

Specific Job Task Performing at Time of Injury: _____

In Employee's own words, how did accident happen? Please describe in detail

Did anyone witness the accident? If so, provide full names, addresses and phone numbers - if known

Did you examine the accident area? If no, why not

If yes, describe what you observed at the accident area.

Name of machine, tool, substance, or object most closely connected with the accident (type of machine, tool, appliance, furniture, gas, liquid, etc.) involved

Was the Safety Coordinator informed of the equipment defect? Yes ___ No _____. If yes, to whom and date noted. If no, why

Describe what part and how the equipment was defective.

Disposition of equipment - (repaired or replaced) Explain in detail:

Extent of Injuries - Describe Part(s) of Body Injured

Was immediate medical treatment rendered? Yes/No ___ If so, where?

Include names of physicians and medical facilities, addresses and phone numbers.

Form completed by: Name: _____ Signature: _____

Position Title _____ Address: _____

Phone No: _____ Date: _____