

Supervisor's Report of Accident

Supervisor's Name: _____

Basic Rules for Accident Investigation

- 1) Find the cause to prevent future accidents - Use an unbiased approach during investigation •
- 2) Interview witnesses & injured employees at the scene - conduct a walkthrough of the accident
- 3) Conduct interviews in private - Interview one witness at a time.
- 4) Get signed statements from all involved.
- 5) Take photos or make a sketch of the accident scene.
- 6) What hazards are present - what unsafe acts contributed to accident?
- 7) Ensure hazardous conditions are corrected immediately

Date & Time		Location	
Tasks Performed		Witnesses	
Resulted In	<input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage	Property Damage	
Injured		Injured	
Medical treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Returned to work	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe Accident Facts & Events

Supervisor's Root Cause Analysis Unsafe Acts

Check ALL that apply to this accident Unsafe Conditions

Improper work technique	
Safety rule violation	
Improper PPE or PPE not used	
Operating without authority	
Failure to warn or secure	
Operating at improper speeds	
By-passing safety devices	
Protective equipment not in use	
Improper loading or placement	
Improper lifting	
Servicing machinery in motion	
Horseplay	
Drug or alcohol use	

Poor workstation design	
Unsafe operation method	
Improper maintenance	
Lack of direct supervision	
Insufficient training	
Lack of experience	
Insufficient knowledge of job	
Slippery conditions	
Excessive noise	
Inadequate guarding of hazards	
Defective tools/equipment	
Poor housekeeping	
Insufficient lighting	

UNSAFE ACTS REQUIRE A WRITTEN WARNING AND RE-TRAINING BEFORE EMPLOYEE RESUMES WORK			
Re-Training assigned		Unsafe condition guarded	
RE-Training completed		Unsafe condition corrected	
Supervisor Signature _____		Supervisor Signature _____	

Accident Report Review

Supervisor _____
 Project Manager _____
 Safety Manager _____
 Corporate Officer _____

Date _____
 Date _____
 Date _____
 Date _____