

SUPERVISORS' EMPLOYEE ACCIDENT INVESTIGATION REPORT

Incidents should be immediately reported to supervisors. This report should be completed as soon as possible after the accident by the immediate supervisor. It must be completed no later than 24 hours after the incident is reported and immediately sent to Human Resources. Upon receipt, please also forward any treatment reports or additional documentation.

EMPLOYEE INJURY OR ILLNESS			
1. INJURED EMPLOYEE'S NAME:	2. ACCIDENT DATE:	3. ACCIDENT TIME:	4. ACCIDENT DAY OF WEEK: Tuesday
5. INJURED'S PHONE #:	6. OCCUPATION: GROUNDS PERSON	7. INJURED'S HIRE DATE:	8. DATE OF BIRTH:

9. FACILITY:	10. DEPARTMENT WORKS IN:	11. SHIFT WORKS IN (1 ST , 2 ND , 3 RD) 1st
12. IMMEDIATE SUPERVISOR	13. EXACT LOCATION OF ACCIDENT:	14. DATE REPORTED BY EMPLOYEE:
15. PERSON WHO RECEIVED FIRST NOTICE:	16. WITNESSES:	

17. DESCRIBE HOW THE INCIDENT OCCURRED:

18. PART(S) OF BODY AFFECTED (include left or right. e.g. Left lower back):
19. NATURE OF INJURY/ILLNESS (e.g. Strain, laceration, contusion):
20. CAUSE OF INJURY (e.g. Slip or fall, struck by, cut or puncture, etc.):

21. LIST DIRECT CAUSE(S). List both unsafe actions and unsafe conditions (e.g.: Improper lifting, lowering, or carrying technique, Poor housekeeping, etc.):

22. LIST ROOT (UNDERLAYING) CAUSE(S). (e.g. Inadequate enforcement of work rules and procedures or Lack of proper job procedures):

23. LIST THE ACTIONS THAT HAVE BEEN OR WILL BE TAKEN TO REMOVE <u>DIRECT</u> CAUSES LISTED ABOVE.	BY WHOM	WHEN DONE

24. LIST THE ACTIONS THAT HAVE BEEN OR WILL BE TAKEN TO REMOVE THE <u>ROOT</u> CAUSES LISTED ABOVE.	BY WHOM	WHEN DONE

25. WHAT ADDITIONAL ACTIONS NEED TO BE TAKEN IN THE FUTURE?	BY WHOM	WHEN DONE

26. INVESTIGATED BY:	27. DATE:	28. REVIEWED BY:	29. DATE: