SUPERVISORS INVESTIGATION REPORT OF ACCIDENT/INCIDENT LOSS

Name and Title of Injured Employee	**Date and Time Accident Occurred**
Assigned Department	**Date and Time Incident Was Reported**
Location Where Incident Occurred	**Property Damaged? If so, estimate cost if possible**
Supervisor Name (print)	**Supervisor Title**
Name of Witnesses	**Addressed & Telephone Numbers of Witnesses if Not Employee**

Supervisor At Time of Injury
(If Different From Above)

Description of Incident (What Happened?) Person Received Medical Attention YES or NO

(Attach witness statement if pertinent)

Cause of Incident (Hazards)

Type of Equipment the Person Was Using or Describe inadequacies which caused incident (If Applicable)

Indicate Corrective Actions to prevent future incidents (Include Persons with Assigned Responsibilities and Completion Date for Each.

Supervisor completing Report (print name) **Signature**

To be completed by HR office

Carrier Claim #

Reviewed by Safety Coor.- Date Requires Further Investigatioin? Yes No

Safety Coordinator Signature

Have you addressed the "Five W's" and "H" required for an accident investigation?
(Who, What, When, Why, and How)

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