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## ***Supervisor's Report of Accident***

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Job Position/Title \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date and Time of Accident \_\_\_\_\_

Location \_\_\_\_\_

Task being performed when accident occurred \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date