

Sample Supervisor's Accident Investigation Report 207-1a

The Supervisor must complete this form with the employee and then forward it to HR within 24 hours after the incident.

General Information

Employee Name	Date of Birth	Department	Work Unit	Job Title
Location of Incident	Date of Incident	Time of Incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Part(s) of body Injured <input type="checkbox"/> First Aid <input type="checkbox"/> ER <input type="checkbox"/> Middlesex <input type="checkbox"/> Occ Health <input type="checkbox"/> Other	
Date Incident Reported	Did the employee need medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Next Scheduled Work Day _____	

Type of Incident

- | | | |
|--|--|--------------------------------|
| <input type="checkbox"/> Assault by client | <input type="checkbox"/> Slip/Trip/Fall | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caught in/on/between | <input type="checkbox"/> Lifting | |
| <input type="checkbox"/> Struck by or against an object | <input type="checkbox"/> Foreign Body in the Eye | |
| <input type="checkbox"/> Contact with heat/cold/chemical | <input type="checkbox"/> Cumulative trauma Motion | |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Client Transfer/Assist | |
| <input type="checkbox"/> Needle stick | <input type="checkbox"/> Cut/Laceration/Puncture (other than needle stick) | |

Description (use back of sheet if necessary)

CHAIN OF EVENTS:

Causes (check all that apply)

CONDITIONS

- | | |
|---|--|
| <input type="checkbox"/> Hazardous process | <input type="checkbox"/> Ergonomics set up |
| <input type="checkbox"/> Outside weather conditions | <input type="checkbox"/> Poor lighting |
| <input type="checkbox"/> Safety devices lacking/broken or altered | <input type="checkbox"/> Poor design |
| <input type="checkbox"/> Equipment - damaged/broken? | <input type="checkbox"/> Describe other |
| <input type="checkbox"/> Condition of floor | |
| <input type="checkbox"/> Clutter | |

BEHAVIORS:

- | | |
|---|---|
| <input type="checkbox"/> Failure to follow Safety Procedures | <input type="checkbox"/> Failure to obtain assistance |
| <input type="checkbox"/> Failure to use PPE | <input type="checkbox"/> Inattention/Distraction |
| <input type="checkbox"/> Failure to use Lock Out/Tag Out properly | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Improper technique | <input type="checkbox"/> Failure to recognize unsafe condition |
| <input type="checkbox"/> Using equipment unsafely | <input type="checkbox"/> Poor judgment in responding to an unsafe condition |
| <input type="checkbox"/> Improper choice of tool or equipment | <input type="checkbox"/> Working at unsafe speeds |
| <input type="checkbox"/> Unsafe body mechanics | <input type="checkbox"/> Performing task without knowledge/failure to ask |
| <input type="checkbox"/> Inappropriate dress or footwear | <input type="checkbox"/> Other |

Action Plan to Prevent Recurrence (BE SPECIFIC)

	Person responsible	Date Completed
Retraining what/when		
Reinforce employee accountability for safety		
Monitoring of work practices		
Work orders written		
Purchase orders written		
Procedures revised		
Other recommendations		
Referrals made		

Supervisor's Signature:

Print Name:

Date: