

# SUPERVISOR'S ACCIDENT PREVENTION REPORT

Member: \_\_\_\_\_

Address or Location No.: \_\_\_\_\_

**WHEN:** Date and Time of Accident: \_\_\_\_\_ Reported to: \_\_\_\_\_  
Report to Supervisor or First Aid Delayed? Yes  No  If "Yes," Why: \_\_\_\_\_

**WHO:** Injured Person: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Dept.: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Age: \_\_\_\_\_  
Full time  Part time  Temporary  Student  Date of Hire: \_\_\_\_\_

**INJURY/LOSS:** Nature/Extent of Injuries or Property Damage: \_\_\_\_\_

**WHERE:** Exact Location Where Accident Occurred: \_\_\_\_\_

**WHAT:** Type of Accident: \_\_\_\_\_  
Was employee doing something other than required duties at time of accident?  
Yes  No  If "Yes," what and why: \_\_\_\_\_

Description of Accident (detail what employee was doing, and what physical objects, tools, machines, structures of equipment were involved): \_\_\_\_\_

**WHY:** Determine Accident causes and comment fully here.

1) Immediate Causes  
1) Unsafe act(s) / unsafe condition(s) : \_\_\_\_\_

2) Basic Causes  
2) Management, people, equipment, material, environment : \_\_\_\_\_

**PREVENTION:** What should be done and by whom to prevent recurrence of this type of accident?  
\_\_\_\_\_  
\_\_\_\_\_

What action are you taking to see that this is done?  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up requirements: \_\_\_\_\_

Date of follow-up: \_\_\_\_\_

Investigated By \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date of this report: \_\_\_\_\_

Department Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive's Signature: \_\_\_\_\_ Date: \_\_\_\_\_