SUPERVISOR INCIDENT/ACCIDENT REPORTING AND INVESTIGATION

| Company/Branch: | Department: | | | Firm Number: |
| --- | --- | --- | --- | --- |
| Exact Location: | Date of Occurrence: | Time: | | Date Reported: |
| AM | PM |

**Personal Injury**

| Employee’s Name: | Date Hired: | Time On Job: | | Age: |
| --- | --- | --- | --- | --- |
| Occupation: | Nature Of Injury: | | Part Of Body Injured: | |
| First Aid Given: Y / N | Clinic or Hospital visit: Y / N | |
| Witnesses Name: | | | Contact: | |

**Property Damaged**

| Property Damaged: | Estimated Cost: | Actual Cost: |
| --- | --- | --- |
| Nature Of Damage: | Object/Equipment/Substance Inflicting Damage: | Person With Most Control Of Object/Equipment/Substance: |

**Description of Accident**

| Described Clearly How The Incident- Accident Occurred. What Acts, Failure To Act And/or Conditions Contributed Directly To This Incident – Accident? What are the underlying causes? (Attach Accident Diagram For All Motor Vehicle Accidents):   |  | | --- | |  | |  | |  | |  | |  | |  |   Please Attach Separate Sheet If Required |
| --- | --- | --- | --- | --- | --- | --- | --- |

**Immediate Action(s) Taken To Prevent Recurrence**

| What Actions Has Or Will Be Taken To Prevent Recurrence. (Place X By Items Completed):   |  | | --- | |  | |  | |  | |  | |  | |  | |  | |  | |  |   Please Attach Separate Sheet If Required | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Loss Severity Potential | | | | | | | | Probable Recurrence Rate | | | | | | | | |
|  | Major |  | Serious | |  | | Minor |  | Frequent |  | Occasion | | |  | Rare | |
|  | | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | |  |  | | |
| Immediate Supervisor Investigated By (Print): | | | |  | | Immediate Supervisor Reviewed By (Signature): | | | | | |  | Date: | | |
|  | | | |  | |  | | | | | |  |  | | |
| Investigated By (Print): | | | |  | | Reviewed By (Signature): | | | | | |  | Date: | | |
|  | | | |  | |  | | | | | |  |  | | |
| Employee (Print): | | | |  | | Employee (Signature): | | | | | |  | Date: | | |