



SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION FORM

COMPANY/EMPLOYER NAME _____ DATE _____

NAME OF SUPERVISOR/INVESTIGATOR _____ TITLE _____

INJURED EMPLOYEE NAME _____ SS # _____

INJURED EMPLOYEE ADDRESS _____ PHONE # _____

INJURED EMPLOYEE AGE _____ DATE OF BIRTH _____

INJURED EMPLOYEE JOB TITLE _____ LENGTH OF EMPLOYMENT _____

DATE OF INJURY _____ DAY _____ TIME _____ AM _____ PM _____

DATE REPORTED _____ TO WHOM _____

WHERE DID INJURY OCCUR _____

EMPLOYER PREMISES __Y__N 1ST AID ADMINISTERED __Y__N OUTSIDE MEDICAL TREATMENT __Y__N

DOES EMPLOYER HAVE PANEL OF PHYSICIANS __Y__N WAS INJURED EMPLOYEE DRUG TESTED __Y__N

LOST TIME INJURY __Y__N HOW MANY DAYS LOST _____ DATE LAST WORKED _____

NAME OF TREATING PHYSICIAN/MEDICAL PROVIDER _____

ADDRESS OF TREATING PHYSICIAN/MEDICAL PROVIDER _____ PHONE # _____

EMPLOYEE RELEASED BY PHYSICIAN __Y__N EMPLOYEE RETURNED __Y__N DATE RETURNED _____

DOES EMPLOYER PROVIDE TRANSITIONAL DUTY __Y__N EMPLOYEE PERFORM TRANSITIONAL DUTY __Y__N

DESCRIBE THE INJURY _____

DESCRIBE HOW THIS INJURY OCCURRED AND THE TASK THE INJURED WORKER WAS PERFORMING WHEN HURT

WHAT TOOLS AND EQUIPMENT WAS THE INJURED WORKER USING WHILE PERFORMING THIS TASK _____

WHAT TRAINING DID THE INJURED WORKER RECEIVE IN ORDER TO PERFORM THIS TASK _____

SAFETY EQUIPMENT/PERSONAL PROTECTIVE EQUIPMENT REQUIRED WHEN PERFORMING THIS TASK _____

SAFETY EQUIPMENT/PERSONAL PROTECTIVE EQUIPMENT USED BY THE INJURED WORKER WHILE PERFORMING THIS TASK _____

DESCRIBE THE ENVIRONMENT OR WEATHER AT THE TIME OF THE ACCIDENT/INCIDENT _____

COULD THIS INJURY HAVE OCCURRED ANY OTHER WAY ___Y___N IF YES, HOW _____

SUPERVISOR NAME _____ LENGTH OF TIME IN THIS POSITION ___Mos___Yrs

WITNESS NAME _____ WITNESS PHONE # _____

WITNESS ADDRESS _____

WITNESS NAME _____ WITNESS PHONE # _____

WITNESS ADDRESS _____

INJURIES TO OTHERS _____

EQUIPMENT DAMAGE _____

PROPERTY DAMAGE _____

EVIDENCE RETAINED I.E., DAMAGED TOOL, SCAFFOLD PLANK, ETC. _____

PHOTOS _____

WHAT ACTIONS AND/OR PROCEDURES WILL YOU IMPLEMENT IN ORDER TO PREVENT SIMILAR OCCURRENCES

DATE TO BE IMPLEMENTED _____ BY WHOM _____

DATE OF FOLLOW-UP TO DETERMINE SUCCESS OF ACTIONS/PROCEDURES _____

BY WHOM _____