

Supervisor Accident Statement

_____ To be Completed by Site Supervisor (s) _____

Location of Accident		Employers Premise; Yes No Job Site; Yes No		Date of Accident/Illness
Injured Worker's Name		Employee; _____ Non-Employee; _____		Time of Accident;
Length of Time with Firm;	Job Title or Occupation;	Name of Dept. Normally Assigned;	How long has employee worked at job where injury occurred;	
What property was damaged;			Property owned by;	
What was employee doing at time of accident? What machine or tool? What operator?				
How did injury occur? List all objects or substances involved.				
Part of body affected.		Any prior physical defects?		If so, what?
Nature and cause of injury and property damage (be specific)				

PLEASE INDICATE ALL OF THE FOLLOWING THAT CONTRIBUTED TO THE ACCIDENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Improper Instruction | <input type="checkbox"/> Failure to Lockout | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe position | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Improper dress | <input type="checkbox"/> Improper guarding |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Improper maintenance |
| <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Unsafe equipment | <input type="checkbox"/> Inoperative safety device |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Poor housekeeping | <input type="checkbox"/> Other; _____ |

Supervisors corrective action to ensure this type of accident does not occur in future; _____

Was employee retrained in the proper use of personal protective equipment/Proper safety procedures? Yes___ No___

Was employee cautioned for failure to use personal protective equipment/Proper safety procedures? Yes___ No___

Supervisor's Name

Supervisor's Signature

Date