

Supervisor's Report of Accident

Employee's name _____

Social Security Number _____

Job position/title _____

Supervisor's name _____

Date and time of accident _____

Location _____

Task being performed when accident occurred _____

Date and time accident reported to you _____

Name(s) of witnesses _____

Accident resulted in: ☐ Injury ☐ Fatality ☐ Property damage

First aid given? _____ Medical treatment required? _____ Workdays lost _____

Describe how the accident occurred _____

What actions, events or conditions contributed most directly to this accident? _____

Prior to this accident, were any incidents or near-misses reported? If so, please describe the incidents and the dates they were reported. _____

Could anything be done to prevent accidents of this type? If so, what? _____

Signature of Supervisor _____

Date _____