

Supervisor's Accident Investigation Report

Date of report: _____ Prepared by Supervisor-Name/title: _____
 Reviewed by Dept Head or Director-Name/Title: _____ Date reviewed: _____
 Campus or University Location: _____
 Place of Accident of exposure: Bldg/Rm/Area: _____
 Date of Accident: _____ Name of Employee: _____ Age: _____
 SS#: _____ Length of employment: _____ Dept: _____
 Time of Accident: _____ Date reported: _____
 Type of worker: Full Time ___ Grad Student ___ Part Time ___ Student Wrk ___
 Occupational Title: _____

Cause of accident: Indicate below by an x whether the accident was caused by the following:

A. Unsafe conditions

- Improper guarding or protection
- Defective tools, substances, equipment
- Hazardous arrangement ,
- Improper illumination
- Improper ventilation
- Slip and fall hazard
- Improper dress apparel
- Fire hazard
- Hazardous atmospheric conditions
- Gases, fumes, vapors
- Radiation exposure
- None
- Not listed, describe briefly:

B. Unsafe Acts

- Operating without authority
- Failure to secure or warn
- Working at improper speed
- Bypassed safety device
- Used defective equipment
- Used hands instead of equip.
- Improper lifting
- Improper loading, mixing ETC
- Failure to use right equipment
- Failure to use proper protective equip.
- Took unsafe position
- Servicing equipment while in motion
- Distracting, teasing
- NONE
- Not listed, describe briefly

Type of injury: First Aid: ___ Doctor's Case: ___ Loss time: ___ Fatality: _____

Nature of Injury: indicate below with an X

- Hernia
- Abrasion
- Amputation
- Burn, Chemical
- Burn, Other
- Bruise
- Dislocation
- Fracture
- Foreign object
- Radiation Exposure

- Infection
- Inhalation
- Puncture
- Shock, Electrical
- Nose
- Sprain
- Strain
- Other

Part of body injured: indicate below with an X

- Skull
- Face
- Hand
- Finger
- Foot
- Jaw
- Chest
- Arm
- Other: Specify: _____
- Elbow
- Knee
- Thigh
- Leg
- Neck
- Toe
- Shoulder
- Forehead
- Abdomen
- Eye
- Mouth
- Ankle
- Back
- Nose

Has action been taken to correct this hazard? Yes ___ No ___ If yes Explain:

Do You have any recomendations to correct the cause of accident?

Description of Accident (If additional space is needed, use a sheet & attach):

By signing below, I certify that my injury was a result of an on-the-job accident.

Name

Date