

**SUPERVISORS  
ACCIDENT INVESTIGATION REPORT**

COMPANY: \_\_\_\_\_

1. Person(s) conducting Investigation and Title \_\_\_\_\_

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2. Date and time of Accident/Injury/Illness \_\_\_\_\_

3. Name of employee \_\_\_\_\_

4. Work Area/Job Class of Employee \_\_\_\_\_

5. Description of Acc./Inj./Illness \_\_\_\_\_

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6. Part(s) of Body Affected \_\_\_\_\_

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7. What Workplace Condition, Work Practice, or Protective

Equipment contributed to the Occurrence \_\_\_\_\_

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8. Was a code of Safe Practice Violated? Y\_\_\_N\_\_\_If so,

Which one? \_\_\_\_\_

9. What Corrective Actions will prevent another occurrence?

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10. Will an additional code of Safe Practice be needed?

Y\_\_N\_\_. If so, state it. \_\_\_\_\_

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11. Was the Unsafe Condition, Practice, or Protective Equipment Problem Corrected Immediately? Y\_\_N\_\_.

If no, what has been done to assure Correction? \_\_\_\_\_

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12. Until Corrected, what actions have been taken to

prevent recurrence in the interim? \_\_\_\_\_

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1. Will the inspection Checklist require modification to prevent recurrence?  
Y\_\_N\_\_. If so, what will be added?

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2. Signature with date and titles of responsible parties.

Investigator(s) \_\_\_\_\_

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Person(s) responsible for correction. \_\_\_\_\_

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President \_\_\_\_\_