Accident Report Form - Supervisor

Employee Full Name:		Job Title/Position:	
Date of Incident:	Time of Incident: AM/PM	Workday began: AM/PM	Location/Jobsite:

Describe how the accident happened:

_____

Describe why the accident happened: _____

☐	Housekeeping failure	☐	Poor preventative maintenance	☐	Low level job skill
☐	Caused by other employee	☐	Caused by Employee	☐	Tried to avoid effort
☐	Unaware of hazard	☐	Did not know safe procedure	☐	Communication Failure
☐	Ignored known hazard	☐	Tried to save time	☐	Disciplinary action needed
☐	Tried to avoid discomfort	☐	Caused by other than above	☐	Other:

Check all that apply:

Were safety policies and procedures being followed? ☐ YES ☐ NO Explain: _____

Has a Job Hazard Assessment (JHA) for established for this task? ☐ YES ☐ NO ☐ N/A

What can be done to prevent this from happening again?

_____

_____

Person responsible for corrective action: _____

Date of planned corrective action: _____

_____ _____ _____

Investigated by (print) Investigated by (sign) Date