

KEEVILY | SPERO WHITE LAW PC

SUPERVISORS ACCIDENT INVESTIGATION

This form is to be used after an accident and near misses, whether resulting in injury or not.
Immediately upon completion, this form should be sent to: _____

Division/Branch/Department	Date of Accident	Time AM / PM	Date Reported	Supervisor Reported to
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Person Injured

Name	Job Title	Nature of Injury	Location of Injury
Part of Body Injured	Type of Accident	Equipment, Object or Substance Causing Injury	

Description of Accident

Describe how the accident occurred (use diagram if necessary):

Witnesses

Name of Witness	Job Title	Department
Statement Taken:		

Analysis

Check off **ALL** circumstances which may have contributed to incident

- | | | |
|---|---|--|
| <input type="checkbox"/> Lack of procedures | <input type="checkbox"/> Equipment not maintained | <input type="checkbox"/> Procedures not followed |
| <input type="checkbox"/> Wrong equipment used | <input type="checkbox"/> Procedures not known or understood | <input type="checkbox"/> Poor equipment design |
| <input type="checkbox"/> Task too difficult to perform | <input type="checkbox"/> Correct equipment not available | <input type="checkbox"/> PPE not used or not available |
| <input type="checkbox"/> Location of employee | <input type="checkbox"/> Training inadequate | <input type="checkbox"/> Temperature extremes |
| <input type="checkbox"/> Distraction, emotions or fatigue | <input type="checkbox"/> Poor lighting | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Inadequate ventilation | <input type="checkbox"/> Excessive vibration | <input type="checkbox"/> Excessive noise |
| <input type="checkbox"/> Condition of work surface | <input type="checkbox"/> No management system to control hazard | |
| <input type="checkbox"/> Supervision did not detect unsafe condition/behavior | | <input type="checkbox"/> Lack of supervisor training |
| <input type="checkbox"/> Supervision did not take corrective action | | <input type="checkbox"/> Lack of accountability for safety |

Specific unsafe acts:
Hazardous conditions:

Corrective Action

Action to be taken:
Action already taken:

Person doing the investigation: _____ Date: _____

Reviewed by: _____ Date: _____