

SUPERVISORS SECTION

Medical Treatment SU First Aid Only OSHA First Aid (no Rx) Sent for Medical Treatment No Treatment

Additional Comments (accident description/medical/general issues you can share):

Supervisor Accident Investigation

Employee – What could you do to prevent this accident from occurring in the future?

Supervisor – What do you believe was the cause of this accident/injury?

Check all that apply:

Facility Conditions Environmental Conditions Equipment Used
Methods/Work Practice employee used Not following established safe practice Lack of PPE

Supervisor – What action should be taken to prevent a similar accident/injury for this employee?

Supervisor's Signature:

Date Completed & Sent to Employer:

Employee Injured:

Safety Office Accident Investigation & Corrective Actions:

Accident Cause	Accident Prevention Actions
<p>Is there an existing policy, safety program or department procedure or work practice related to this accident?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Identify:</p>	<p><input type="checkbox"/> Dept. to develop or revise policy, procedure or work practice</p> <p><input type="checkbox"/> Was an established/accepted procedure but not a written procedure</p> <p><input type="checkbox"/> Review and reinforce existing policy/procedure to employee and dept. staff</p>
<p>Was accident related to an unsafe act or behavior?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/></p>	<p>Describe:</p> <p><input type="checkbox"/> Supervisor responsible to review corrective advice with employee and other staff as necessary.</p>
<p>Was accident related to an unsafe condition or equipment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain <input type="checkbox"/></p>	<p>Describe:</p> <p><input type="checkbox"/> Corrective action recommended: <input type="checkbox"/> Repair/eliminate unsafe condition</p> <p><input type="checkbox"/> Inform staff of unsafe condition in interim <input type="checkbox"/> Implement preventive maintenance</p> <p>Work Order Generated to :</p>

General comments:

Safety Officer Signature: _____

Date: _____

Follow-up: Corrective action(s) completed?

Yes No Date: _____

Comments: