

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Injured Employee: _____ SS# _____

Home Phone # _____ Cell # _____ DOB: _____

Marital Status: Married Widowed Separated Single Divorced

Job Title: _____ Accident Location: _____

Date of Injury: _____ Time of Injury: _____

Date Reported: _____ Last Day Worked: _____

Did this Accident Require Doctor or Hospital Services? Yes No

If yes: Name and Address of Doctor/Hospital: _____

Time Work began for the day: _____

Did Employee Return to Work? Yes No If Yes, date returned: _____

Describe injury or alleged injury : _____

Part of Body Injured: _____

Type of Injury, i.e.: cut, sprain: _____

Witnesses: _____

Did Equipment malfunction? : Yes No If yes, describe: _____

What caused the accident? : _____

REVIEW BY SUPERVISOR

Recommendations: _____

Supervisor's Signature _____ Date: _____