

**Supervisor's Accident
Investigation Report**

GENERAL INFORMATION					
PLANT OR JOB				NAME OF INJURED OR DRIVER	
EST. AGE	MARRIED <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION	EMPLOYMENT DATE	DATE OF INJURY/OCCURRENCE HOUR <input type="checkbox"/> am <input type="checkbox"/> pm	
Exact location					
Activity at time of injury or occurrence					
Describe injury or damage					
Was injured or driver acting in regular line of duty? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)					
NAME OF WITNESSES					
UNSAFE ACT (what happened)					
<input type="checkbox"/> Operating without authority; failure to secure or warn <input type="checkbox"/> Operating or working at unsafe speed <input type="checkbox"/> Making safety devices inoperative <input type="checkbox"/> Using unsafe equipment, hands instead of equipment, or equipment unsafely <input type="checkbox"/> Failure to use safe attire or personal protective equipment <input type="checkbox"/> Improper: <input type="checkbox"/> turn <input type="checkbox"/> lane usage <input type="checkbox"/> backing <input type="checkbox"/> interval <input type="checkbox"/> signal <input type="checkbox"/> judgment <input type="checkbox"/> Other: <input type="checkbox"/> Unsafe loading, placing, mixing, combining, etc. <input type="checkbox"/> Taking unsafe position or posture <input type="checkbox"/> Working on moving or dangerous equipment <input type="checkbox"/> Distracting, teasing, abusing, startling, etc. <input type="checkbox"/> Lack of job training or instruction 					
UNSAFE CONDITIONS					
<input type="checkbox"/> Improper guarding (unguarded, inadequately guarded, guard removal, etc.) <input type="checkbox"/> Defective substances or equipment (broken, poorly design of, slippery, etc.) <input type="checkbox"/> Hazardous arrangement (unsafely piled material, poor layout, poor housekeeping, no aisle markings, etc.) <input type="checkbox"/> Improper dress or apparel (goggles, gloves, shoes, masks, sleeves, etc.) <input type="checkbox"/> Defective: <input type="checkbox"/> brakes <input type="checkbox"/> motor <input type="checkbox"/> lights <input type="checkbox"/> wipers <input type="checkbox"/> steering <input type="checkbox"/> tires <input type="checkbox"/> wheels or rims <input type="checkbox"/> Other: <input type="checkbox"/> Improper Illumination (none, glaring light, etc.) <input type="checkbox"/> Improper ventilation (poor, dusty, gassy, high humidity, etc.) <input type="checkbox"/> Poor road or visibility conditions 					
STEPS TAKEN TO PREVENT A RECURRENCE					
Unsafe Act: <input type="checkbox"/> Instructed employee <input type="checkbox"/> Warned employee <input type="checkbox"/> Other action			<input type="checkbox"/> Supplied safeguard <input type="checkbox"/> Supplied pers. prot. equipment		
Unsafe Condition: <input type="checkbox"/> Eliminated condition <input type="checkbox"/> Repaired condition <input type="checkbox"/> Guarded machine <input type="checkbox"/> Other action			<input type="checkbox"/> Reported condition to:		
SUPERVISOR'S SIGNATURE _____			DATE _____		