Supervisor Accident Report

Every accident should be investigated and the causes corrected so that more accidents will not occur. Do not overlook the so-called "unimportant' cases, because, except for "chance" they could also have been serious. It is only by thorough investigation that many of the real causes can be determined and corrected.

Employee Name: Department:

Job Title: Years w/Agency: Years in present job:

Date of accident/injury: Time: Lost Time: ☐ Yes ☐ No Hours Lost: Return to work: ☐ Yes ☐ No

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Give your honest comments on questions below. We are not trying to blame anyone. Your opinion may help us prevent accident repetition.

Please Answer the Following:	Check 'Yes' or 'No'	
Was injured person properly instructed in a safe and efficient methods?	☐ Yes	☐ No
Did injured person violate any instructions?	☐ Yes	☐ No
Was necessary protective equipment worn (if applicable)?	☐ Yes	☐ No
Did poor housekeeping contribute to injury?	☐ Yes	☐ No
Did horseplay cause the injury?	☐ Yes	☐ No
Was it caused by something which needed repairs?	☐ Yes	☐ No
Should a guard be provided?	☐ Yes	☐ No
Did any bodily defect contribute to injury?	☐ Yes	☐ No
Was it caused by an unsafe act?	☐ Yes	☐ No
Did Injured report the injury to you, the supervisor, immediately?	☐ Yes	☐ No

Date & Time Reported:

Witness: Phone:

Accident/Injury (describe what injured was doing, what happened, nature or injury, etc.):

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Unsafe Acts (what did the employee or another person do incorrectly?)

Unsafe Conditions (equipment, building/property, etc. involved)

Actions taken to correct above condition

Remedies (what can/will be done to prevent reoccurrence)

Did Employee go to Doctor or Hospital? ☐ Yes ☐ No If yes, Date & Time:

Doctor/Hospital: Phone #:

Address: City: State: Zip:

SFM Claim/Reference #:

Medical Documentation

Restrictions: ☐ Yes ☐ No Return to Work: ☐ Yes ☐ No

Do you, the supervisor, feel that this injury should be covered under workers' compensation?:

continued

Supervisor Signature: Date:

Regardless of accident, injury or severity; these forms must be completed within 24 hours. SFM must be contacted within 24 hours as well. If seen by a medical professional, medical documentation must be provided to return to work. Please answer all questions thoroughly and completely to ensure proper reporting.