

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

COMPANY OR BRANCH	DEPARTMENT	FIRM NUMBER
EXACT LOCATION	DATE OF OCCURRENCE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
DATE REPORTED		

PERSONAL INJURY			PROPERTY DAMAGE	
INJURED'S NAME	DATE EMPLOYED	AGE	PROPERTY DAMAGED	
OCCUPATION	TIME ON JOB		ESTIMATED COSTS	ACTUAL COSTS
NATURE OF INJURY	PART OF BODY INJURED		NATURE OF DAMAGE	
OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING INJURY			OBJECT/EQUIPMENT/SUBSTANCE/INFLECTING DAMAGE	
PERSON WITH MOST CONTROL OF OBJECT/EQUIPMENT/SUBSTANCE			PERSON WITH MOST CONTROL OF OBJECT/EQUIPMENT/SUBSTANCE	

D E S C R I P T I O N	DESCRIBE CLEARLY HOW THE ACCIDENT OCCURRED: ATTACH ACCIDENT DIAGRAM FOR ALL MOTOR VEHICLE ACCIDENTS. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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A N A L Y S I S	WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS ACCIDENT? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	WHAT ARE THE BASIC OR FUNDAMENTAL REASONS FOR THE EXISTENCE OF THESE ACTS AND/OR CONDITIONS? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

LOSS SEVERITY POTENTIAL <input type="checkbox"/> Major <input type="checkbox"/> Serious <input type="checkbox"/> Minor	PROBABLE RECURRENCE RATE <input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare
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P R E V E N T I O N	WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE? PLACE X BY ITEMS COMPLETED. <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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INVESTIGATED BY	DATE	REVIEWED BY	DATE
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